



TOWN OF BEAUX ARTS VILLAGE
PUBLIC RECORDS REQUEST
To be completed by person requesting records

10550 SE 27th Street
 Beaux Arts Village, WA 98004
 425.454.8580
 townhall@beauxarts-wa.gov

Date of Request: _____

Name of Requestor: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

PUBLIC RECORD REQUESTED:

Title of Record (if known): _____

Date of Record (if known): _____

Please add any additional identification or information to help us locate this information for you quickly. Failure to provide sufficient identification may result in denial of your request.

I understand that I may review records at no charge and that if I request copies, I must pay a fee for hard copies plus mailing costs according to the Town's current fee schedule. I further understand that, depending on the size and type of my request, I may be asked for a deposit toward the cost of producing these copies.

_____ I wish to have copies/duplicates of the records indicated above.

_____ I wish to review the requested records (by appointment) before copies are made.

When records are ready for delivery, please:

_____ Mail them to me.

_____ Call me and I will pick them up in person.

I certify that these records will not be used for commercial purposes per RCW 46.56.070(9).

Signature: _____ Date: _____

For Town use only:

Date request received:

Comments:

Date completed:

Copies provided: ___ Yes ___ No *Fee \$* _____ *Paid* _____

Request completed by: