

City of Lake Forest Park

Public Records Officer • 17425 Ballinger Way NE • Lake Forest Park, WA 98155 Phone (206) 368-5440 • Fax (206) 364-6521 • email: ejahed@ci.lake-forest-park.wa.us

REQUEST FOR PUBLIC RECORDS

INSTRUCTIONS:

Requestor completes Section B and returns to the Public Records Officer at address listed above.

Public Records Officer completes Section A and routes to appropriate department.

Public Records Officer or designee completes Sections C and D.

SECTION A: FOR CITY USE ONLY
Date
Request Number
Department
Request Received By

Section B – Requestor / R and may be released to any re		Information – Thi	is compl	eted form is an	open pu	ublic document
Requestor Name: Phone No		none Number:		Email Address:		
Address:	Ci	ty:		State:	ZIP	:
Request photocopy of records (a) \$0.15 per imprint, (b) copies requiring outside copy services provided at cost, (c) accident and police reports \$5.00, (d) other sizes as set in the City of Lake Forest Park fee schedule* Request electronic copy of records (a) \$0.15 per scanned image, if records already available in electronic format, (b) records provided on disk \$10.00* *See City of Lake Forest Park fee schedule for complete list of fees. Describe the records you are requesting. Provide as much information as possible to assist staff in locating the records quickly. Examples: specific dates or date ranges, document titles, names, addresses, parcel numbers. Attach separate page, if necessary. If you are requesting POLICE RECORDS, please also complete the Supplemental Page and Section B-1.						
If record(s) concern individual(s) other than requestor, please state name(s):			If this request is for a list of individuals, is the list to be used for commercial purposes? Yes No			
Section C – City of Lake Forest Park Response						
FIVE-DAY RESPONSE ISSUED ON ALLOW ACCESS Review / Copies WE DO NOT HAVE THE RECORD(S) Search uncovered no responsive records (see City Clerk for additional details) Not City of LFP records Destroyed as per State retention requirements Other						
DENY ACCESS see attached exemption log REQUEST CLOSED ON						
Section D – Requestor Notification of Records Status / Closure of Request						
Person contacted:		Date:				Time:
by mail by phone in person by email		Total due: Paid by: I made the	che	eck no response as state	ed.	cash
Rev. 09/2015		Signature:		,		

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Supplemental Form B-1: Police Records

To Be Completed in Addition to the Request for Public Records Form when Requesting Police Records

SECTION B-1

Requestor Name:				
INCIDENT INFORMATION:				
Date of Incident:	Time of Incident			
Location of Incident	Incident/Case Number			
DESCRIPTION OF RECORD(S) REQUESTED. Please specify your request by checking the appropriate box(es):				
Incident/Case Report				
9-1-1 Call				
Video				
Follow-up Report				
Accident Report				
Other (please describe)				