

PUBLIC RECORDS REQUEST

City of Redmond City Clerk's Office, M/S: 3NFN 15670 NE 85th Street, PO Box 97010 Redmond, Washington 98073-9710 (425) 556-2190-Phone (425) 556-2198-FAX

cityclerk@redmond.gov

Title/Date of Record Requested:		
Description of the record(s) will help to identify the corr) you are requesting and any addi rect record.	tional information that
Requestor Name:	(Please Print)	
Address:	,	
	State:	Zip:
Phone:	FAX:	•
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	y be charges for duplication of the for standard photocopies will be	
I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.17.260/42.56.070)		
Signature		Date:
Internal Use Only	Y – INFORMATION TO BE COMPLETE	D BY CITY STAFF
Request received by: Date: Five-day response rule begins one	Time: working date after receipt of request.	