PUBLIC RECORD REQUEST CITY OF BURIEN

FOR CITY USE	D (/m - D -)			
Received by:	Date / Time Received:			
☐ City Attorney	Department Forwarded To: Date Request Filled:			
Name of	Dayt	Daytime		
Requestor:	Tele	Telephone:		
Address:			· 	
Stre	eet		Apt. No.	
City	State	Zip Code		
E-Mail Address:				
Describe the records you are re you are requesting is necessary the records that you are reque clarify your request, thereby del	to accurately respond to your resting in sufficient detail may	request. Your fa result in the Cit	ilure to describe	
Please check the appropriate bo	<u>x</u> :			
☐ I would like copies of the rec	cords and will pick them up wh	en they are avail	able.	
☐ I would like copies of the rec	cords sent to me by mail / E-ma	il to the address	listed above.	
☐ I would like to inspect the re	ecords.			
	e charge after the first 10 pages fo ll be additional charges for larger nt, the requestor agrees to pay an	documents, maps,	tapes, disks,	
The receipt of your copy of this fo The city estimates that it will take request. If the preceding space is your request unless it becomes nece respond to your request may be ba persons or agencies affected by the disclosure, to redact documents clarification of the request. If the will, in writing, ask that you clarify city's request that you clarify wh respond to your request.	e approximately (Circle I blank, the city estimates that it wessary for you to clarify your requased upon the need to locate and a request, to determine whether an containing material that is exercity is unable to determine which y your request. Please be advised	Days or Weeks) to fill take two (2) we test. The estimated assemble the recor- ty of the information mpt from disclosi- records you are real that your failure	respond to your eeks to respond to d time required to ds, to notify third on is exempt from are, or to obtain equesting, the city to respond to the	
Signature of Requestor:	Г	Oate Signed:		