## City of Burien | Public Records Request



Requestor Information		
First Name	Last Name	
Email Address	Phone	
Mailing/Street Address		Apt No.
City	State	Zip
Describe the records you are requesting. A complete and accurately respond to your request. Your failure to descri City asking you to clarify your request, thereby delaying you	be the records that you are re	questing in sufficient detail may result in
Note: there will be a \$0.15 per page charge for physical co By signing this document, the requestor agrees to pay any		additional charges for larger documents.
Please check the appropriate box:		
$\hfill \square$ I would like physical copies of the records and will pick	them up when they are availa	ble.
$\ \square$ I would like copies of the records sent to me by e-mail	to the address listed above.	
☐ I would like copies sent to me by mail sent to the addre	ess listed above.	
$\hfill \square$ I would like to inspect the records.		
The receipt of your copy of this form constitutes the city it will take approximately six to eight weeks to respond to request. The estimated time required to respond to your records, to notify third persons or agencies affected by the disclosure, to redact documents containing material that city is unable to determine which records you are request advised that your failure to respond to the city's request its duty to respond to your request.	o your request unless it become request may be based upon to the request, to determine whet is exempt from disclosure, or sting, the city will, in writing, as	nes necessary for you to clarify your he need to locate and assemble the ther any of the information is exempt fron to obtain clarification of the request. If th sk that you clarify your request. Please be
Signature of Requestor		Date Signed
For office-use only		
Received by:  I provided a copy of this form to the requestor	Date/time received:	

If needed, you may use the space below for additional details regarding your request.			