



City of *Ferndale*

**Office of the City Clerk**  
P O Box 936 – 2095 Main Street  
Ferndale Washington 98248  
Ph: 360-384-4302 Fax: 360-384-1163  
Website: www.cityofferndale.org

Received Date:

Received by:

PRR #:

Initial Response due by:

## Public Records Request Form

### RCW Chapter 42.56 Public Records Act

#### SECTION 1. Must be completed by the requesting person, business, or agency.

Name (Print):	Agency:
Address:	Daytime Phone:
City, State, Zip:	E-mail Address:

**Record(s) Requested:** (This must describe an identifiable record or records. This form is not intended for general inquiries)

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**Action requested:**     Inspection Only     Copy     Email

I agree to pay all copy charges pursuant to the City of Ferndale's Fee Schedule and per RCW. If I have requested a list of names or businesses, I certify that the information obtained through this public disclosure request will NOT be used for commercial purposes. **RCW 42.56.070(9)**.

**Please Note: Local Governments are not required to create new documents to comply with the Public Records Act.**

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

#### SECTION 2: To be completed by City:

Directed to: \_\_\_\_\_ Dept: \_\_\_\_\_ Initial Response: \_\_\_\_\_

Final Response Due: \_\_\_\_\_

- The record was examined by requestor on-site on \_\_\_\_/\_\_\_\_/\_\_\_\_. Signature: \_\_\_\_\_
- The record was picked up in person. The amount of \$\_\_\_\_\_ for \_\_\_\_\_ copies (or other format) was paid upon receipt. Signature: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_
- Records were e-mailed to requestor on \_\_\_\_/\_\_\_\_/\_\_\_\_. Signature: \_\_\_\_\_

**This document is subject to Public Disclosure**