



CITY OF
BAINBRIDGE ISLAND

PUBLIC RECORDS REQUEST
Public Records Officer
280 Madison North
Bainbridge Island, WA 98110
(206) 780-8618 Phone (206) 780-8600 FAX
publicrecords@bainbridgewa.gov

Title/Date of Record(s) Requested:

Description of the record(s) requested and any additional information that will help to identify the correct record(s):

Requestor Name (PLEASE PRINT):

Address:

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Fax:** _____ **Email:** _____

I understand there may be charges for duplication of these specific records and that I will be charged a minimum of \$0.15 per page for standard photocopies or scanned documents.

I would like to:

- Inspect the records at no charge (I may request copies after inspection)
- Receive copies after paying the required copying charges
- Receive electronic copies (scanning charges may apply)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes. (RCW 42.56.070)

Signature: _____ Date: _____

For information on the City's Public Records Policies, please visit the City's website: www.bainbridgewa.gov

CITY STAFF USE ONLY

Request received by: _____

Date: _____ Time: _____ Database No. _____

Five-Day Response Date: _____ Date complete: _____ Copy Charges: _____