



**CITY OF ANACORTES
REQUEST FOR PUBLIC RECORD**

MAILING ADDRESS: PO BOX 547, ANACORTES WA 98221
TELEPHONE: (360) 293-1912
FAX: (360) 588-0907
publicrecordsrequest@cityofanacortes.org

Date of Request: ____/____/____

Public Records Information Requests: Supply as much information as possible.

Use additional pages if necessary. _____

- Is copying requested? _____

I understand that if a list of individuals is provided to me it will neither be used to promote the election of an official or to promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or to give or provide access to material to others for commercial purposes as prohibited by RCW 42.56.070(9). It is further understood that I will be charged 15 cents per page for all standard and legal sized copies.

COSTS:

Standard: 15 cents per standard page (8 1/2 x 11, 8 1/2 x 14, and 11 x 17)

<u>Large Format Copying:</u>	18x24-\$2.00 per copy	30x36-\$5.00 per copy
	24x36-\$4.00 per copy	36x48-\$8.00 per copy
	30x30-\$4.25 per copy	36x60-\$10.00 per copy

**There is no charge to "inspect" public records.*

I HAVE READ AND UNDERSTAND THIS DOCUMENT.

Requester's Signature: _____

Printed Name: _____

Address: _____

Phone Number: _____