



CITY OF BLACK DIAMOND

Public Records Request Form

Mailing Address: PO Box 599 - Physical Address: 24301 Roberts Drive
Black Diamond, WA 98010
Phone: 360.851.4500 - Fax: 360.851.4501

Note: The City of Black Diamond will attempt to meet your request as soon as possible within time and availability constraints. If the record(s) is not readily available, you will be notified within five (5) working days as to when the records(s) will be available. There may be a charge for the record(s) you are requesting. You can either mail, fax, or email form. Email address is info@blackdiamondwa.gov.

*****Please note that an invoice will be sent to the Requestor for payment of copies at .15¢ per page.***

To Be Completed by Requestor

Your Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Record(s) you are requesting (please be specific, include titles and dates) below:

How do you want the records(s) made available?

Review at City facility: ☐

Copy provided: ☐

I understand Washington State law restricts certain uses of public records, including but not limited to RCW 42.17.260 (9) prohibiting using lists of individuals for commercial purposes. I hereby declare under penalty of perjury and the laws of the State of Washington that the requested records shall not be used in violation of State law.

Your Signature: _____ Date: _____

For Internal Use Only

Employee receiving request: _____ Date received: _____

Original forwarded to: _____ and a copy sent to City Clerk

Date received by Dept.: _____ Initial action taken: _____

By: _____ Date: _____

Final action: _____

By: _____ Date: _____

After final action send original request and all documentation to the City Clerk.

Amount due: _____

Date paid: _____

Receipt #: _____

Received by: _____