



REQUEST FOR PUBLIC RECORD

Name of Requestor: _____ **Phone:** _____

Street Address: _____

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

Date of Request: Time: _____

Public Records of Information Records:

Completed By District Office

Number of Copies Requested: _____ Number of Copies Provided: _____

Amount Due for Copies Provided at \$.10 per Page\$ _____ Receipt #: _____

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Appointment to Review Records: Date: _____ Time: _____

AGREEMENTS: I have read, understand, and will comply with the rules of the Metropolitan Park District of Tacoma governing the inspection and copying of public records. I also agree that any list of individuals and/or information provided me by the District shall not be used for any commercial purpose by myself or by an organization I represent. I will protect the list of individuals and/or information from access by anyone who may use it for the purpose of contacting the individuals named therein otherwise personally affecting them in furtherance of any profit-seeking activity.

Signature of Requestor: _____ **Date:** _____

Signature of Staff Recipient: _____ **Date:** _____

Reason if District is unable to Comply: _____

PUBLIC RECORDS COPY FEE REVENUE: Account # _____