REQUEST FOR PUBLIC RECORD

Name of Requestor: _______________________________ Phone: _____________________

Mailing Address: ____________________________________________________________________

City: ___________________________ State: _________________  Zip: _____________________

Email Address: ____________________________ Fax Number: ______________________

Date of Request: ______________________Time: ____________________________

Type of Requestor:

Business   Government Agency   Individual   Insurance Company

Law Firm   Media   Other

Documents Requested:

________________________________________________________________________

Start Date Range: ___________   End Date Range: ___________

Preferred Method to Receive Records:

Electronic   Inspect on site   Pick up hard copies   Regular mail

Completed By District Office

Number of Copies Requested: ___________ Number of Copies Provided: ___________

Amount Due for Copies Provided at $.10 per Page $_________________________ Receipt #: ___________

Amount Received for Copies Provided: $_________________________ Balance Due: $_________

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 contracting 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: ______________________________________________