CITY OF COVINGTON
PUBLIC RECORD REQUEST

Not for Police or Accident Records – Contact King County Sheriff’s Office (Police Records) or Washington State Patrol (Accident Records)

Please submit this form to the Senior Deputy City Clerk via mail, facsimile, email, or in person at Covington City Hall, 16720 SE 271st Street, Ste. 100, Covington, WA 98042; Fax: 253-480-2401; jmichaud@covingtonwa.gov.

FOR CITY USE ONLY:

Received By: ___________________________ Date Received: ___________________________
(Staff Name)

Amount Due: ___________ Date Closed: ___________ Completed By: _______________________
(Staff Name)

Name of Requestor: ___________________________ Daytime Telephone: ___________________________

Name of Company (if applicable): _______________________________________________________

Address: __________________________________________________________
Street or P.O. Box No. ___________________________ Apt. No. ___________________________

City ___________________________ State ___________________________ Zip Code ___________________________

Describe the records you are requesting in detail. Failure to adequately describe the records may result in a delay.

________________________________________________________
________________________________________________________
________________________________________________________

Please continue on back or add additional sheets if necessary.

Please check the appropriate box:

____ I would like to inspect the records. (The Senior Deputy City Clerk will call to set up an appointment.)

____ I would like electronic copies of the records emailed to me at: ___________________________.

____ I would like copies of the records and will pick them up when they are available. (The first five pages are free. Additional pages are 15 cents each for regular-sized copies and actual cost for over-sized copies.)

____ I would like copies of the records sent to me by mail to the address listed above. I understand that if there are any reproduction and postage fees associated with the records I am requesting, the City must receive payment for the copies I have requested before sending them to me.

The receipt of your copy of this form constitutes the City’s initial response to your request for records. The City estimates that it will take approximately ______ days/weeks to respond to your request. If the preceding space is blank, the City estimates that it will take two (2) weeks to respond to your request, unless it becomes necessary for you to clarify your request. The estimated time required to respond to your request may be based upon the need to locate and assemble the records, to notify third persons or agencies affected by the request, to determine whether any of the information is exempt from disclosure, to redact documents containing material that is exempt from disclosure, or to obtain clarification of the request. If the City is unable to determine which records you are requesting, the City will, in writing, ask that you clarify your request. Please be advised that your failure to respond to the City’s written request for clarification, within fourteen (14) calendar days from the date of the City’s written request, shall relieve the City of its duty to respond to this request.

Please Note: State law requires that responses to requests for public records be made "promptly". Specifically, cities and other governmental agencies must respond, within five (5) business days of receiving a request, by either: (1) Providing the record; (2) Acknowledging receipt of the record and providing a reasonable estimate of the time in which a response will be made; or (3) Denying the request. Duplication costs will be assessed at actual cost or as outlined in the City’s current Fee Resolution.

Signature of Requestor ___________________________ Date ___________________________