



**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 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: \_\_\_\_\_