

**WASHINGTON TERRACE CITY  
RECORDS REQUEST FORM**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Status

- Not applicable because the record is public.
- I am the subject of the record.
- I am the parent or legal guardian of a minor who is the subject of the record
- I am the provider of the information
- I have power of attorney or notarized release from the subject of the record or provider of the information
- I have a legislative subpoena or court order

**I understand that I will be responsible for  
a records copy charge of 50 cents per copy  
plus any additional expense incurred.**

\_\_\_\_\_  
**REQUESTOR'S SIGNATURE**

Description of record(s) requested (MUST BE SPECIFIC):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Request Received: \_\_\_\_\_ Time Received \_\_\_\_\_

Classification of Records Requested:

- Public
- Protected
- Private
- Controlled

City Response to Record Request:

\_\_\_\_\_ Approved- Record will be available on \_\_\_\_\_

\_\_\_\_\_ Denied

\_\_\_\_\_ No record exists

FEE CHARGED \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Record Provider