



City of Covington  
16720 SE 271<sup>st</sup> St. Suite 100  
Covington, WA 98042

City Hall – 253.480.2400  
www.covingtonwa.gov

**FOR INTERNAL USE ONLY**

Records Request No. \_\_\_\_\_

Five Business Day Response by: \_\_\_\_\_

**\*PLEASE RETURN COMPLETED FORM TO CITY CLERK\***

**CITY OF COVINGTON, WASHINGTON  
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

BUSINESS NAME (IF APPLICABLE) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**RECORDS REQUESTED:** Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible. Be as specific as possible and include any relevant date or date range that might be applicable. For example: "Agenda materials for Planning Commission meetings from January to August 2019." A request for a list of individuals requires you to sign a certification that the list will not be used for commercial purposes. The City has five business days to respond to a records request.

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

**THIS FORM IS NOT FOR POLICE OR ACCIDENT RECORDS**

Contact King County Sheriff's Office (Police Records) or Washington State Patrol (Accident Records)  
[www.kingcounty.gov/depts/sheriff/services/public-disclosure.aspx](http://www.kingcounty.gov/depts/sheriff/services/public-disclosure.aspx)

**PLEASE SELECT ONE OF THE FOLLOWING:**

- \_\_\_\_ I want to review the records and then decide whether I want copies.
- \_\_\_\_ I want copies of all records I have requested. (There is a charge for producing copies.)
- \_\_\_\_ I want the records I have requested to be sent to me as electronic files at the email address provided above.

I understand Washington State law restricts certain uses of public records, including but not limited to RCW 42.56.070 (8) prohibiting using lists of individuals for commercial purposes. I hereby declare under penalty of perjury and the laws of the State of Washington that the requested records shall not be used in violation of State law.

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_