



Date/Time Received _____

Received By _____

City of Port Angeles
ATTN: City Clerk, Public Records Officer
321 East Fifth Street
P. O. Box 1150
Port Angeles, WA 98362
360-417-4634

REQUEST FOR PUBLIC RECORDS

Requestor's Name: _____

(Please Print)

Requester's Address: _____

(Street Address)

(City)

(State)

(Zip Code)

Day Phone: (_____) _____

I wish to: _____ Review a record(s) _____ Obtain photocopies of a record(s)

Complete description of record requested complete with title and date, if known: _____

If receiving photocopies, I understand and agree that the City of Port Angeles will charge a fee for copying the requested document(s). I also understand that the Public Records Officer may require a deposit from me in an amount not to exceed ten percent of the estimated cost of providing copies for a request. If the Public Records Officer makes a request available on a partial or installment basis, the Officer may charge me for each part of the request as it is provided. If an installment of a records request is not claimed or reviewed, I understand that the City is not obligated to fulfill the balance of the request.

(Requestor's Signature)

(Date)

Note to Requestor: Also complete Attachment "A" **IF** you are requesting records that may contain a list of individuals. Also complete Attachment "B" **IF** you will be providing your own portable data storage equipment to receive public records.

CHARGES:

The charges for the supplying of prints and/or copies of any City document by the City of Port Angeles shall be as follows, provided, that if the total charge for photocopies would be \$1.50 or less, no fee shall be charged or collected:

		<u>COST</u>
<u>Paper Sizes/Types</u>		
_____	8 ½ x 11 - black & white	\$ 0.15 each
_____	8 ½ x 11 - double-sided, black & white	\$ 0.15 each
_____	8 ½ x 11 - made by other than City employee, black & white	\$ 0.15 each
_____	8 ½ x 11 - color	\$ 0.25/side
_____	8 ½ x 14 - black & white	\$ 0.15 each
_____	8 ½ x 14 - double-sided, black & white	\$ 0.15 each
_____	8 ½ x 14 - made by other than City employee, black & white	\$ 0.15 each
_____	8 ½ x 14 - color	\$ 0.30/side
_____	11 x 17 - black & white	\$ 0.15 each
_____	11 x 17 - double-sided, black & white	\$ 0.15 each
_____	11 x 17 - made by other than City employee, black & white	\$ 0.15 each
_____	11 x 17 - color	\$ 0.50/side
_____	18 x 24 prints - black & white	\$ 3.00 each
_____	24 x 36 prints - black & white	\$ 6.00 each
_____	36 x 48 prints - black & white	\$ 9.00 each
_____	Zoning Code	\$ 0.15/page
_____	Comprehensive Plan	\$ 0.15/page
_____	Shoreline Master Program	\$ 0.15/page
_____	Budget - black & white	\$ 0.15/page
_____	Budget - color	\$ 0.50/page
_____	Municipal Code Book	\$ 0.15/page
_____	Municipal Code Updates	\$ 0.15/page
<u>Plotted Sizes/Types</u>		
_____	18 x 24 - color	\$ 5.00
_____	24 x 36 - color	\$10.00
_____	36 x 48 - color	\$15.00
_____	Larger plotted sizes	\$ 2.00 / square foot
<u>Faxed copies up to 10 pages</u> <u>No Charge</u>		
<i>(Documents longer than 10 pages will not be faxed)</i>		
<u>Data Types</u>		
_____	CD Rom	\$ 5.00 each
_____	DVD	\$20.00 each
_____	Thumb Drive (may be provided by customer w/signed waiver)	\$30.00/15 minute increment
_____	External Hard Drive (may be provided by customer w/signed waiver)	\$30.00/15 minute increment
_____	Audio Tapes	\$ 3.50 each
<u>Other Services</u>		
_____	Notary Public Fee	\$5.00/certification
_____	City Clerk Certification	\$5.00/certification
_____	Deed Processing/Recording	Actual Cost
_____	Computer Print-Out of Utility Service Consumption History	\$1.00/request
_____	Conversion of Electronic Formats	\$30.00/15 minute increment
_____	Scanning to Electronic Format	\$30.00/15 minute increment
_____	Preparation of GIS Maps/Data *	\$35.00/15 minute increment
_____	* Maps or data that require extensive processing time or require additional ink and plotting supplies will be charged at a higher rate	
_____	Copies produced by outside source	Actual Cost
Postage		
		TOTAL DUE

For City Staff Use Only

ACTION:

- a. Request approved by _____
(Records Officer or Designee) (Date)
- b. Request denied by _____
(Records Officer or Designee) (Date)
- c. Portion of request denied by _____
(Records Officer or Designee) (Date)
- d. Reason for denial _____

Date request completed _____

Requestor contacted regarding the fee amount on _____ by _____

Fees collected on _____ by _____

Request given/sent to requestor on _____ by _____



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REQUEST FOR PUBLIC RECORDS

Note: The form below is to be completed, signed, and notarized only if the request for records may contain a list of individuals.

I, _____ requested the following records: _____

If the record(s) that I requested contains a list of individuals, I attest that:

_____ I am not requesting the list for commercial purposes.

_____ I am specifically authorized or directed by law to obtain the list of individuals for commercial purposes as identified by the following law: _____

(Requestor's Signature)

(Date)

STATE OF WASHINGTON)
) ss
COUNTY OF CLALLAM)

On this day personally appeared before me _____ to me known to be the individual or individuals who executed the within and foregoing instrument, and acknowledged that he signed the same as his or her free and voluntary act and deed.

Given under my hand and official seal this _____ day of _____, _____.

S E A L

Notary Public in and for the State of Washington
Residing at: _____
My Commission expires: _____

WAIVER AND RELEASE OF LIABILITY
USING CUSTOMER'S PORTABLE DATA STORAGE EQUIPMENT
FOR PUBLIC RECORDS REQUEST

Pursuant to PAMC 3.70.010, Finance Department Fees, Customers may provide their own portable data storage equipment for downloading City documents pursuant to a public records request, provided that Customer executes the within Waiver and Release of Liability:

Recitals.

I, the undersigned, acknowledge and fully understand that by providing my own portable data storage equipment (such as a thumb drive, USB flash drive, or external hard drive) that the City assumes no liability for any loss or corruption of existing data or damage to my portable data storage equipment.

Agreement.

In consideration of my being allowed to provide my own portable data storage equipment for downloading public records pursuant to my public records request, I hereby represent and agree as follows:

Assumption of Risks.

I assume all of the risks described in the Recitals section above and accept personal responsibility for any and all damages of any kind to any portable data storage equipment I provide to the City for electronic transmission of data or loss or corruption of existing data .

Release of Liability.

I hereby release, waive all claims of liability against, discharge and hold harmless the City of Port Angeles and its officers and employees, (collectively referred to herein as "Released Parties") from any and all liability to the undersigned for any claims, demands, causes of action, losses or damages, on account of damage to any portable data storage equipment or data thereon.

I have read the above waiver and release in its entirety. I understand that the captions and titles used above are for convenience of reference only and in no way define, limit or describe the scope or intent of the foregoing provisions. I hereby acknowledge that I am signing voluntarily.

Requestor's Signature: _____

Date: _____