

**CITY OF BRIDGEPORT  
PUBLIC RECORDS REQUEST FORM**

**Today's Date:** \_\_\_\_\_

**Requester's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

City

State

Zip

**Daytime Phone Number:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Please describe the records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.**

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**After requested records are retrieved, I would like to:**

\_\_\_ Inspect the records

\_\_\_ Receive paper copies via mail or for pick-up (circle one)

\_\_\_ Receive electronic copies via: \_\_\_ email;

\_\_\_ other (specify: \_\_\_\_\_)

**I am willing to pay up to \$\_\_\_\_\_ for copies.**

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**RECORDS REQUEST TRACKING FORM - FOR USE BY PUBLIC RECORDS OFFICER**

DATE	INITIALS	NOTES
DATE RECEIVED: _____	_____	_____
FIVE-DAY NOTICE SENT: _____	_____	_____
DATE OF FIRST INSTALLMENT: _____	_____	_____
DATE FOR COMPLETING REQUEST: _____	_____	_____
DATE OF OTHER INSTALLMENTS: _____	_____	_____
RESPONSE COMPLETED: _____	_____	_____

