

REQUEST FOR PUBLIC RECORDS

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone: _____ **Email:** _____

Description of Records: (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.)

List each Department, Office of Official having custody of the records requested:

After the District retrieves the requested records, I request:

Inspection Only Copy All Inspection, then copy selected pages

Date desired: _____ [Most requests are filled within five business days]

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. I understand and acknowledge that Douglas County does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.

Date Signature Place

FOR USE BY PUBLIC RECORDS OFFICER		
	DATE	INITIALS
DATE RECEIVED	_____	_____
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST APPROVED/SATISFIED:	_____	_____
REQUEST SATISFIED:	_____	_____
REQUEST DENIED:	_____	_____
EXEMPTION STATEMENT:	_____	_____