

Attention: Public Records Coordinator

Requestor: Write the name and contact information for the County Agency in this box.



Cowlitz County Request for Access to Public Records

Requests and production are governed by Chapter 42.56 RCW

Instructions: 1. Complete Section A of the form and County Agency information above. Please print.
2. Mail, deliver, or fax completed form to the public records coordinator for the Cowlitz County Department/Office shown above, **do not send via Email.**

SECTION A Requestor / Records Request Information – Please PRINT

| | |
|-----------------|------------------------|
| Requestor Name | Business Name |
| Mailing Address | City, State – Zip Code |
| Phone Number | Fax Number |

Select One:

Do not make copies, but allow review. I may request copies of specific pages after review.

Mail copies* Hold copies for pickup* (prior payment is required for copies mailed or picked up).

*I understand that I will be charged \$.15 per page or the published cost of copies requested, whichever is greater, plus mailing cost, if mailing is requested. Or cost for CD & DVD (if available) will be \$5 plus mailing cost, if mailing is requested.

Please describe the SPECIFIC record(s) you are requesting, including date(s):

SECTION B The following must also be signed ONLY if you request any list of individuals.

I understand that Washington State Law (RCW 42.56.070(9)) prohibits the use of lists of individuals for commercial purposes. If applicable to this request, I hereby declare, under penalty of perjury pursuant to the laws of the State of Washington, that I will not use the list of individuals obtained from this request for commercial purposes. If applicable, I also acknowledge that I am solely responsible for any consequences or damages arising from my commercial use of the list of individuals I am obtaining.

If you believe that you are entitled to information, which was not released, or that the information furnished has been incorrectly redacted or is incomplete, you may file a written appeal with the ombudsperson within five (5) business days from the date of the response to your request. The appeal must include your name and address, a copy of this form together with a brief statement identifying the basis of the appeal.

Signature: _____ Date: _____

FOR OFFICIAL USE ONLY – Return completed form to the Public Records Coordinator

Dept. Receiving Request & Date: _____

Response Required by: _____ Response Completed Date: _____