



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. **Please print.**
2. Review Sections B and C.
3. Mail, Deliver, or Email completed form to Cowlitz County Public Records Officer, Public Records Analyst, or Coordinator.

SECTION A: Requester/Records Request Information

Requester Name:	Business Name:
Mailing Address:	City, State – Zip Code:
Phone Number:	Email Address:

Select One:

- Electronic via Request Center
- 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 inspection of public records is always available at no cost. If you request copies of records, charges may apply depending on the format and method of delivery. Copying costs are based on the following rates as outlined in RCW 42.56.120(2): \$0.15 per page for photocopies or printed copies of electronic records; \$0.10 per page for scanned records; \$0.05 per every four electronic files or attachments provided electronically; and \$0.10 per gigabyte for electronic transmissions. The actual cost will be charged for digital storage devices such as CDs, DVDs, or USB drives, as well as for any mailing materials, envelopes, or postage used to send copies. In accordance with Cowlitz County policy, fees totaling less than \$2.00 are waived. You will be notified of any estimated costs before copies are made, and payment is required before records are released.*

**Please describe the SPECIFIC record(s) you are requesting, including date(s)/timeframe:
Making your request as specific as possible allows us to conduct a thorough and accurate search.**

SECTION B: The following must be signed ONLY if you are requesting any lists of individuals

I understand that Washington State Law (RCW 42.56.070(8)) prohibits the use of list 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 in 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.

Signature: _____ **Date:** _____

SECTION C: Appeal Process

If you believe that you are entitled to information, which was not released, or that information furnished has been incorrectly redacted or is incomplete, you may file a written appeal with the County Public Records Officer 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.

FOR OFFICIAL USE ONLY – Return completed form to the Public Records Officer, Analyst, or Coordinator

Dept Receiving Request & Date: _____

Response Required By: _____ Response Completed Date: _____