



Cowlitz County Request for Access to Public Records

Requester: Please write the name and contact information for the Cowlitz County Agency this request is directed at.

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. Review Sections B and C.
3. Mail, Deliver, or Fax completed form to the Public Records Coordinator for Cowlitz County Agency shown above.

SECTION A: Requester/Records Request Information

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

Select One:

- Electronic via the GovQA 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 I will be charged \$.15 per page of printed copies of electronic records, plus mailing costs, if mailing is requested. If applicable, the cost for digital media storage or devices will be the actual cost plus mailing cost, if mailing is requested. Please review the standard fee schedule the county has adopted for further information on fees.

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 Coordinator

Dept Receiving Request & Date: _____

Response Required By: _____ Response Completed Date: _____