Attention: Public Records Coordinator

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

<table>
<thead>
<tr>
<th>Requestor Name</th>
<th>Business Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address</td>
<td>City, State – Zip Code</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

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: _____________________

Revised 12/2013