

Public Records Request Form

*The Library’s public records are available as provided in the Washington State Public Records Act (RCW 42.56)*

*and as further detailed in NOLS’ Policy 5.14 and Public Records Procedural Guidelines.*

Public Records Officer/Library Director

North Olympic Library System

2210 S. Peabody Street

Port Angeles, WA 98362

*Please write legibly. Mail or deliver this completed form to:*

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*Name of Person Requesting Public Record(s)*

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### Mailing Address: Street City State Zip

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# [ ]Phone [ ]Email address [Please check preferred contact mode]

Please describe the public records you are requesting. The more specific the description the quicker we can respond. If known, please provide document titles, authors, pertinent dates, etc..

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After the requested records are retrieved, I would like to:

\_\_\_\_ make an appointment to review the indicated records before copies are made.

\_\_\_\_ receive electronic copies, if available. (Charges may apply for scanning and/or storage devices).

\_\_\_\_ receive hard copies/duplicates of the records indicated above. (Charges will apply for copying and mailing).

I am willing to pay up to $\_\_\_\_\_\_\_\_ for copies and associated costs.

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Request Signature

[ ] Denied

[ ] Approved

[ ] Approved w/ Exemptions

[ ] Withdrawn

[ ] Abandoned

## *Tracking Form - for use by Public Records Officer*

Date Received:

Date acknowledged:

Installment Dates:

Date Completed:

Notes: