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.

Please write legibly. Mail or deliver this completed form to: Public Records Officer/Library Director
North Olympic Library System
2210 S. Peabody Street
Port Angeles, WA 98362

Name of Person Requesting Public Record(s)

Mailing Address: Street  City  State  Zip

[ ] 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..

_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

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

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

[ ] Denied
[ ] Approved
[ ] Approved w/ Exemptions
[ ] Withdrawn
[ ] Abandoned

Date Received:
Date acknowledged:
Installment Dates:
Date Completed:
Notes: