



**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.

**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

<b>Tracking Form - for use by Public Records Officer</b>	
Date Received:	[ ] Denied
Date acknowledged:	[ ] Approved
Installment Dates:	[ ] Approved w/ Exemptions
Date Completed:	[ ] Withdrawn
Notes:	[ ] Abandoned