



Spokane County Library District
4322 N. Argonne Road
Spokane, WA 99212-1868
509 893-8200/fax 509 893-8472

PUBLIC RECORDS REQUEST FORM

Name _____ Phone _____

Address _____

Email _____ Date _____

PUBLIC RECORD(S) REQUESTED

Please be as specific as possible; include any information that will help us locate the documents. Note that pursuant to RCW 42.56.520, we have five (5) business days to respond to your request. Fees connected with copying public records are addressed in District procedure 100.301.

Check any that apply:

- Inspect only (no copies) the documents
- Inspect the documents prior to having them copied
- Paper copies
- Copy to CD-ROM
- Scan & email
- Mail documents to me
- I'll pick up documents; call me when ready

I certify that any lists of individuals obtained through this request will not be used for commercial purposes (RCW 42.56.070(9)).

Signature: _____

For Office use only

Date Received: _____ Staff initials: _____ Date Completed: _____ Staff initials: _____

Copies: yes no # of pages: _____ Paper copy cost: _____ CD-ROM cost: _____ Scan cost: _____

Mailing cost: _____ Total cost: _____

Date paid: _____ Amount paid: _____ Paid by: cash check money order

Received by: _____ [Staff initials]

Request Denied: yes no Reason: _____