



4322 N Argonne Rd | Spokane, WA 99212  
509.893.8200 | [www.sclcd.org](http://www.sclcd.org)

# Public Records Request Form

## SUBMIT FORM TO:

Spokane County Library District  
Attn: Public Records Officer  
4322 N Argonne Rd  
Spokane WA 99212

Phone: 509.893.8200  
Fax: 509.893.8472  
Email: [publicrecords@sclcd.org](mailto:publicrecords@sclcd.org)

Fees associated with public records requests will be charged according to Exhibit A of the Spokane County Library District's Public Records Policy (<http://www.sclcd.org/public-records-policy>) and must be paid before the records will be released. You will be notified of charges prior to your request being filled. Note that pursuant to RCW 42.56.520, the District has five (5) business days to respond to your request.

|           |       |            |     |
|-----------|-------|------------|-----|
| Last name |       | First name |     |
| Address   | City  | State      | Zip |
| Email     | Phone | Fax        |     |

Please be as specific as possible; include any information that will help the District locate the documents. Be advised that District staff may contact you for clarification.

I would like to:

- |   |  |
|---|--|
| <input type="checkbox"/> Inspect records at District                | <input type="checkbox"/> Purchase paper copies to be picked up       |
| <input type="checkbox"/> Inspect records prior to purchasing copies | <input type="checkbox"/> Purchase paper copies to be mailed          |
| <input type="checkbox"/> Purchase digital copies to be emailed      | <input type="checkbox"/> Purchase digital copies on external storage |

I certify that any lists of individuals obtained through this request will not be used for commercial purposes (RCW 42.56.070(8)).

\_\_\_\_\_  
Signature

| DISTRICT USE ONLY  |   |   |
|--|---|---|
| Date received: _____<br>Request #: _____<br>5 Day notice sent: (attach)<br>Date closed: _____<br>Staff initials: _____ | Description of documents<br>(attach if possible) _____<br>Release date: _____<br><input type="checkbox"/> Request withheld/redacted in part<br>(attach withheld/redaction reasons)<br><input type="checkbox"/> Request denied (attach denial<br>notification) | <input type="checkbox"/> Copy cost: _____<br><input type="checkbox"/> Mail cost: _____<br><input type="checkbox"/> Scan cost: _____<br><input type="checkbox"/> Email cost: _____<br><input type="checkbox"/> Other cost: _____<br>Total cost: _____<br>Amount paid: _____<br>Date paid: _____<br>Paid: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money order |