

# 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@scl.d.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.scl.d.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 scanned and emailed copies        |  |

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