

Skamania County Request for Public Records

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ Email: _____

Detailed description of records requested; please be as specific as possible (include parcel numbers, addresses, dates or date ranges, author, recipient, title, etc. Continue on back if needed):

List each department, office or official having custody of the records requested, if known:

After the County retrieves the requested records, I request:

Inspection only Copy all Inspection, then copy selected pages.

Standard Copies: \$0.15 per page Electronic record: on CD-ROM \$5.00

Mailing: Actual cost plus cost of shipping

Payment: Credit Card, Check or Cash. *There is no charge to inspect documents.*

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. I understand and acknowledge that Skamania County does not warrant the accuracy or completeness of information contained in public records or any data provided electronically.

Date Signature

<i>For use by Public Records Officer</i>		
	Date	Initials
<i>Date Request Received</i>	_____	_____
<i>5-Day Notice Sent</i>	_____	_____
<i>Request Approved</i>	_____	_____
<i>Documents Delivered</i>	_____	_____
<i>Request Closed</i>	_____	_____
<i>Employee Time:</i>	_____	_____
<i>File Number/Service Request:</i>	_____	_____
<i>Copies / Fee Amount:</i>	_____	_____