SKAMANIA COUNTY
REQUEST FOR PUBLIC RECORDS

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Daytime Phone Number: _____ Email: _____

Description of records requested. Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.

_____

_____

_____

_____

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: 15 cents per page. Electronic record on CD-ROM or floppy disk: $5.00.
Audio cassette recordings: $10.00 per cassette. Mailing: actual cost, including cost of shipping container.

Payment: cash, cashier's check or money order. There is no charge to inspect documents.

Date desired: _____ Most requests are filled within five (5) business days.

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

For Use By Public Records Officer

	Date	Initials
Date Request Received	_____	_____
5-Day Notice Sent	_____	_____
Reviewed By Prosecutor	_____	_____
Request Approved	_____	_____
Request Denied	_____	_____
Requestor Contacted	_____	_____
30-Day Notice Sent	_____	_____
Documents Delivered To Requestor	_____	_____
Request Closed	_____	_____