

**SKAMANIA COUNTY PUBLIC RECORDS REQUEST (PRR) FORM**

Requester's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street/Box City State Zip

Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Department(s) or Office(s) with Custody of Requested Record(s) (if known): \_\_\_\_\_  
\_\_\_\_\_

Date or Date Range of Request: \_\_\_\_\_  
*(Note: More limited date ranges are easier to search for and will generally result in shorter response times.)*

Describe request with as much detail as possible (e.g. author, recipient, title of requested record(s), if known, and any information that would help the public records officer identify and locate the desired record(s). If requesting Sheriff Reports, include date, location, and nature of incident; party or parties involved; investigating officer(s); and case number(s), if known): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(Note: Requests for information are generally not requests for records. Please request identifiable records.)*

How would you like your request to be made available? Mark as applicable:  
*(Note: There is no charge for on-site review. Paper copies are billed at \$0.15 per page. Scanned electronic copies are billed at \$0.10 per page. Email, cloud-based data storage service, and other means of electronic delivery are billed at \$0.05 per four files; Electronic transmission is billed at \$0.10/gigabyte. Other actual costs apply.)*

On-Site Review  Paper (  Mailed  Pick Up)  
 Digital (  Storage Device (  Mailed  Pick Up)  Emailed  View on Website)

If my request is for a list of individuals, I certify (or declare) 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 of any data provided electronically. I further understand that requested records may be withheld in full or redacted in accordance with the Public Records Act (RCW 42.56) and other applicable statutes.

\_\_\_\_\_  
Signature Date and Time Where signed (City/State)

**For Use by Public Records Officer or Designate**

Name: \_\_\_\_\_ Date Request Received: \_\_\_\_\_