



Columbia County  
Rural Library District

111 S. 3rd St, PO Box 74  
Dayton, WA 99328

## PUBLIC RECORDS DISCLOSURE REQUEST FORM

Requestor Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Daytime

Other

Email: \_\_\_\_\_

I request copies of the following identified public records. I understand that standard photocopies are \$.10 per page for black and white. Colored copies are set forth in the library fee schedule as are costs of electronic copies on a USB flash drive. The Library may also charge actual costs of mailing, including the cost of the shipping container.

I request an appointment to review the following identified public records. I understand that there is no charge to review a public record.

If your request includes a "list of individuals", please sign the following acknowledgment:

*I certify that the list of individuals received by me will not be used for commercial purposes in violation of RCW 42.56.070(9).*

*Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_*

*Signature: \_\_\_\_\_*

Please be specific as possible in identifying the public record(s) you are requesting. I request the following identified public records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use additional sheets as necessary.)