

Public Records Request Form

116 S Washington Ave | Newport, WA 99156
800-366-3654 | www.pocld.org

SUBMIT FORM TO:

Pend Oreille County Library District Phone: 800-366-3654
Attn: Public Records Officer Email: publicrecords@pocld.org
116 S. Washington Ave.
Newport, WA 99156

Fees associated with public records requests will be charged according to the Pend Oreille County Library District's Public Records Policy (<http://www.pocld.org/policies>) 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 digital copies to be emailed | <input type="checkbox"/> Purchase digital copies on external storage |

Signature

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