

**PUBLIC RECORDS DISCLOSURE REQUEST FORM
COLUMBIA COUNTY RURAL LIBRARY DISTRICT**

NAME: _____

ADDRESS: _____

PHONE: DAYTIME: _____

OTHER: _____

E-MAIL: _____

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 either a floppy disc, CD-Rom, USB drive. The Library may also charge actual costs of mailing, including the cost of the shipping container.

OR

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____

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