

# LINCOLN COUNTY PUBLIC RECORDS REQUEST FORM

Request Date \_\_\_\_\_

Response Due: \_\_\_\_\_  
(Request Date + 5 business days)

It is our policy that ALL records are available for public disclosure unless specifically exempted. This form will be used to expedite requests and insure compliance with our policy and Washington State public disclosure laws.

**REQUESTOR:** (Please Print)

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Describe the Records or Information Requested:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

I, the undersigned, do declare: I understand the use of public documents containing lists of individuals for commercial purposes violates Washington State law and the privacy of the individuals. "Commercial purposes" means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. Therefore, I agree not to use the information requested nor allow others to use it for such purposes.

Requestor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**RESPONSE** (Response MUST be made within 5 working days of request)

Department: \_\_\_\_\_ Record released by: \_\_\_\_\_ Date: \_\_\_\_\_

- \_\_\_\_\_ A. Record or information not available as requested.
- \_\_\_\_\_ B. Record or information available for inspection on \_\_\_\_\_ during normal working hours.
- \_\_\_\_\_ C. Copies available upon payment of copy fees totaling \$ \_\_\_\_\_. (\$.15 per page)
- \_\_\_\_\_ D. Requested information not available at this time. Estimated availability in \_\_\_\_\_ days.
- \_\_\_\_\_ E. Unable to process request as described; please clarify request by being more specific.
- \_\_\_\_\_ F. Request denied – record or information exempt from Public Disclosure. Forward immediately to Office of Prosecuting Attorney for review.

Cite basis for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department Head or designee

\_\_\_\_\_  
Date