LEWIS COUNTY REQUEST TO INSPECT OR COPY PUBLIC RECORD

DATE & TIME _____

NAME OF PERSON MAKING REQUEST _____

ADDRESS _____

_____

PHONE NO. _____ EMAIL ADDRESS _____

- ☐ AUDITOR
- ☐ CORONER
- ☐ DISTRICT COURT
- ☐ SUPERIOR COURT
- ☐ PROSECUTOR
- ☐ HEALTH DEPT.
- ☐ FISCAL DEPT.
- ☐ COMMUNITY DEVELOPMENT
- ☐ COUNTY COMMISSIONERS
- ☐ ASSESSOR
- ☐ TREASURER
- ☐ CENTRAL SERVICES
- ☐ CLERK'S OFFICE
- ☐ E-9-1-1
- ☐ PUBLIC WORKS
- ☐ RISK MGMT.
- ☐ HUMAN RESOURCES
- ☐ SHERIFF'S DEPT.
- ☐ CODE ENFORCEMENT

REASON FOR REQUEST: _____

_____

DESCRIPTION OF RECORD REQUESTED (Including dates, as best known. Failure to adequately identify records may cause delay or an incomplete response).

_____

_____

_____

NOTE: If your request is unclear, you may be asked later to clarify what records you are seeking. If you fail to clarify your request or abandon your request, LEWIS COUNTY may close your request for records. RCW 42.56.520 & 42.56.040. If you have a question that you are seeking an answer to and are not seeking a specific document, please do not use this form and instead pose your question(s) to the appropriate county personnel.

In some circumstances the processing of your request or an official response to your request may take up to five (5) business days. Upon locating documents I request:

- ☐ INSPECTION ONLY AT COUNTY OFFICE (NO COST)
- ☐ INSPECTION, THEN COPY SELECTED PAGES
- ☐ COPY ALL (COPYING FEE)
  - ☐ I WILL PICK-UP
  - ☐ MAIL RECORDS TO ME (POSTAGE MAY APPLY)

I understand that using public documents that contain lists of individuals for commercial purpose, violates Washington State Law and the privacy rights of such individuals. I understand that "commercial purposes" means, at a minimum, that such lists will be used to contact or affect individuals to facilitate profit-seeking activity. I agree not to use the above-requested document(s) for commercial purposes and I acknowledge an affirmative duty to prevent others from so doing.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct: _____

Signature

DISPOSITION:

DATE	ACTION TAKEN		NAME OF EMPLOYEE PROCESS REQUEST
	EXEMPTION(s):		
	NUMBER OF COPIES:	TOTAL CHARGE:	

White Copy - Lewis County Public Disclosure Officer *Yellow Copy - Deptartment / Office* *Pink Copy - Requesting Party*