DOUGLAS COUNTY - REQUEST FOR PUBLIC RECORDS

Requester’s Name: ________________________________________________________________

Mailing Address: ________________________________________________________________
Street City State Zip

Daytime Phone Number: ________________ Email: ________________________________

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.]
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

List each Department, Office or Official having custody of the records requested:
______________________________________________________________________

After the County retrieves the requested records, I request:
[ ] Inspection Only [ ] Copy All [ ] Inspection, then copy selected pages

Date desired: ________________ [Most requests are filled within five business days]

If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes. I understand and acknowledge that Douglas County does not warrant the accuracy or completeness of information contained in public records or any data provided in digital format.

Date __________________ Place __________________ Signature __________________

FOR USE BY PUBLIC RECORDS OFFICER

DATE RECEIVED: ___________ INITIALS ___________
FIVE-DAY NOTICE SENT: ___________ INITIALS ___________
REQUEST APPROVED/SATISFIED: ___________ INITIALS ___________
REQUEST SATISFIED: ___________ INITIALS ___________
REQUEST DENIED: ___________ INITIALS ___________
EXEMPTION STATEMENT: ___________ INITIALS ___________