

**Island County
Board of County Commissioners**

REQUEST FOR PUBLIC RECORDS

Public Records Contact: Pam Dill, Records Officer
Island County Administration Bldg., Room 214
1 NE 7th Street
PO Box 5000
Coupeville, WA 98239
(360) 679-7353
pamd@co.island.wa.us

Alternate: Debbie Thompson, Administrative Assistant (360) 679-7385
debbiet@co.island.wa.us

Office hours: 8:00 a.m. to 4:30 p.m. Monday - Friday

Public records are available upon written request for inspection and disclosure. Requests for inspection and disclosure of public records should identify the particular record desired with enough specificity so it can be located.

Most requests are filled within 5 days.

Records that are part of a larger set may be made available on a partial or installment basis as records are assembled or made ready.

Cost per page copied: \$.25 No fee is charged for the inspection of public records.

A deposit may be required in an amount not exceeding 10% of the estimated cost of providing copies for a request. If a request for copies is made on available on a partial or installment basis, a charge may be made for each part of the request as it is provided.

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REQUEST FOR PUBLIC RECORDS

Today's Date: _____

Print Name: _____

Mailing Address: _____
_____ [CITY] [STATE] [ZIP CODE]

Phone number where I can be reached during day: _____
[AREA CODE] [PHONE]

Email Address: _____

Identification or description of records (include date, as best known):

Upon locating documents I request:

- | | |
|---|---|
| <input type="checkbox"/> Inspection Only | <input type="checkbox"/> Printed records only |
| <input type="checkbox"/> Copy All | <input type="checkbox"/> Electronic records only |
| <input type="checkbox"/> Inspection, then copy selected pages | <input type="checkbox"/> Print and electronic records |

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 that the county does not warrant the accuracy or completeness of data provided electronically.

Date: _____
Place: _____ [SIGNATURE]

FOR COUNTY USE	<u>DATE</u>	<u>INITIALS</u>
DATE RECEIVED:	_____	_____
FIVE-DAY NOTICE SENT:	_____	_____
REQUEST SATISFIED:	_____	_____
EXEMPTION STATEMENT PROVIDED:	_____	_____