



Request for Public Records

Date Received: _____

SUBMIT FORM TO:

Walla Walla County Rural Library District, Attn: Executive Director

37 Jade Street Walla Walla, WA 99362 Phone: 509-527-3284 Email: publicrecords@wwcrl.org

Any fees associated with the records request will be charged according to the Walla Walla County Rural Library District's (WWCRLD) adopted fee schedule and must be paid before the records will be released. You will be notified if charges apply prior to your request being filled. It may take up to five business days to receive a response from WWCRLD.

Requester Name	Phone	Fax
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Mailing Address

Email Address

I would like to:

Inspect/view records at WWCRLD Have the records emailed to me if possible Purchase hard copies

Request Made: <input type="checkbox"/> In person <input type="checkbox"/> By phone <input type="checkbox"/> By email <input type="checkbox"/> By fax <input type="checkbox"/> In writing (not on this form or via email) (attach written request to this form)	Date of Request
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Please provide a detailed description of the record(s) you are requesting, including date(s) if known. Be advised that WWCRLD staff may contact you for clarification.

I understand that Washington State Law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. I understand that the use for commercial purposes of said records may also violate the rights of the individual(s) named therein and may subject me to liability for such commercial use. I understand I will be liable for the same should the information in said records be provided by me to another party for commercial use. I understand that "commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individual(s) named in the record for the purpose of facilitating profit-expecting activity. Therefore, I do hereby swear and affirm on oath and under penalty of law that I will not use said records for commercial purposes and that further, it is my affirmative duty to prevent others from using said records for commercial purposes. I do further swear or affirm on oath under penalty of law that I will protect and hold harmless, including the costs of defending, the agency and its agents and employees from which I have obtained said records from any and all claims arising either directly or indirectly from the commercial or otherwise inappropriate use of said records.

Signature _____	Date _____
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For WWCRLD Use Only

Date Record Released _____ Fee \$ _____ Deposit \$ _____ Receipt # _____

Released by _____ Description of Document(s) _____ (attach copy if possible)

5-Day Notice Sent Date _____ (attach copy) Est. Date of Release _____ Date Closed _____

Record Denied Reason _____ (attach written denial letter)

Record Withheld/Redacted in Part Reason _____ (attach withheld/redactions)

Comments/Notes _____
