



Public Records Request Form

Public Records Officer • PO Box 8979 • 8000 NE 52nd Court • Vancouver, WA 98665-0983
Phone (360) 750-5876 • www.crwwd.com

Date of Request: _____

Contact Info	
Full Name	Salutation <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.
Mailing Address	
City	State Zip
E-mail Address	Phone

Request	
Requested Records	<i>Please provide a detailed description of identifiable public records. The more specific your request, the more quickly we can process and deliver responsive records.</i>

Delivery	
	<input type="checkbox"/> Email (free) Receive records in electronic format (reasonably locatable, reasonably translatable and generally commercially available). Records not so available in electronic format will be provided on paper, CD or DVD at the rates below.
– OR –	<input type="checkbox"/> CD/DVD (free) or USB flash drive (\$5.00) If mailed, add postage and container costs.
– OR –	<input type="checkbox"/> Paper Copies (15¢ per page (standard size); 20¢ per page (oversized); actual costs (off-site vendor); 10¢ per page (scanning)). If mailed, add postage and container costs. A deposit may be required.

– OR –	<input type="checkbox"/> Inspection (free) Inspect requested records in person at the District office during normal business hours. At time of inspection, you can request paper copies of records (billed at the costs above).
--------	---

Commercial Use	
	By submitting this form, pursuant to RCW 42.56.070(8), I certify that I will not use any lists of individuals that I receive in response to this request for commercial purposes.