

PUBLIC RECORDS REQUEST FORM

The Library's public records are available as provided in the Washington State Public Records Act (RCW 42.56) and as further detailed in San Juan Island Library's (SJIL) Public Records Policy 2.15 found at <https://www.sjlib.org/about-the-library/policy-manuals/>

Complete the form below and return to:

San Juan Island Library
Attn: Public Records Officer
1010 Guard St.
Friday Harbor, WA 98250

Or email to: sjlib@sjlib.org

Fees associated with public records requests will be charged according to the fee schedule adopted in SJIL Public Records Policy 2.15 and must be paid before records will be released. You will be notified of charges prior to your request being filled. Note that pursuant to RCW 42.56.520, the District has five (5) business days (excluding weekends, holidays, or official closures) to respond to your request by providing the requested records, providing a link to records available on our website, providing a reasonable estimate of time required to respond to the request, asking for clarification of the request, or denying the request.

RCW 42.56 prohibits the use of lists of individuals for commercial purposes. If you request a list of individuals, please also complete, sign, and submit a Commercial Purpose Declaration. Commercial purpose use may violate the rights of the individuals named and the requestor may be liable for damage.

<i>Last name</i>	<i>First name</i>		
<i>Mail Address: Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Email</i>	<i>Phone</i>		

Please describe the public records you are requesting. The more specific the description the quicker we can respond. If known, please provide document titles, authors, pertinent dates, etc. District staff may contact you for clarification.

After the requested records are retrieved, I would like to:

- | | |
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| <input type="checkbox"/> Inspect records at District (by appointment only) | <input type="checkbox"/> Purchase digital copies to be emailed |
| <input type="checkbox"/> Inspect records prior to purchasing copies | <input type="checkbox"/> Purchase paper copies to be picked up |
| | <input type="checkbox"/> Purchase paper copies to be mailed |
| | <input type="checkbox"/> Purchase digital copies on external storage |

FOR DISTRICT USE ONLY		
Date received: _____ Request #: _____ 5-day notice sent: (attach) _____ Date closed: _____ Staff initials: _____	Description of documents (attach if possible) _____ _____ Release date: _____ _____ <input type="checkbox"/> Request withheld/redacted in part (attach reasons) <input type="checkbox"/> Request denied (attach denial notification)	<input type="checkbox"/> Copy cost: _____ <input type="checkbox"/> Mail cost: _____ <input type="checkbox"/> Scan cost: _____ <input type="checkbox"/> Email cost: _____ <input type="checkbox"/> Device cost: _____ <input type="checkbox"/> Other costs: _____ TOTAL COST: _____ Amount paid: _____ Date paid: _____ Paid: Cash ____ Check ____ CC ____