

**Request for Public Records
Island County Planning & Community Development**

Today's Date: _____

Print Name: _____

Mailing Address: _____

Daytime phone number: (____) _____ **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"/> Print and electronic records |

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

I will pick up records when they are ready Mail records to me at my expense

Copying, data transfer, and postage fees may apply and must be paid before records will be delivered.

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

DATE

INITIALS

DATE RECEIVED:

FIVE-DAY NOTICE SENT:

REQUEST SATISFIED:

EXEMPTION STATEMENT PROVIDED:

COPY CHARGES PAID: _____

