JEFFERSON COUNTY LIBRARY
EXPANDING HORIZONS

Public Records Request Form

Mail or deliver to: Jefferson County Library
Attn: Library Director
620 Cedar Avenue
Port Hadlock, WA 98339

Name of Requestor: _____ Date of Request: _____

Address: _____

City: _____ State: _____ Zip:_____

Phone: _____ Email: _____

Signature: _____ Date: _____

Pursuant to RCW 42.56 Public Records Act, I request to inspect the following records: (If known, provide specific information that will help locate the records quickly, e.g. document titles, publication dates, etc.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

☐ I wish to have copies/duplicates of the records indicated above.

☐ I wish to make an appointment to review the records indicated above before copies are made.

☐ I wish to have electronic copies, if available.