



# Request for Public Records

Date Received:
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**SUBMIT FORM TO:**  
**Pierce County Library System, Attn: Public Records Officer**  
**3005 112<sup>th</sup> Street East, Tacoma, WA 98446-2215 Phone: 253-548-3300 ♦ Fax: 253-537-4600**

Any fees associated with the records request will be charged according to the Pierce County Library System's (PCLS) 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 PCLS.

<b>Requester Name</b>	<b>Phone</b>	<b>Fax</b>
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<b>Mailing Address</b>
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<b>Email Address</b>
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**I would like to:**  
 **Inspect/view records at PCLS**   
 **Have the records emailed to me if possible**   
 **Purchase hard copies**

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

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.

<b>Signature</b> _____	<b>Date</b> _____
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**For PCLS 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** \_\_\_\_\_  
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