



Public Records Request Form

PLEASE TYPE OR PRINT IN INK

Mail or deliver original claim to: Timberland Regional Library
Attn: Executive Director
415 Tumwater Blvd.
Tumwater, WA 98501

Business Hours: Mon – Fri 9:00 a.m. – 5:00 p.m.
Closed on weekends and official state holidays

Date of Request: _____

Name of Requestor: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email Address of Requestor: _____

Title of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (Department, if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating information for you as quickly as possible. Failure to provide information sufficient to identify the records may cause delay.

I understand there is a minimum of \$.10 per page that may be charged for duplication of these specific records. I agree to prepay duplication charges associated with my request.

- 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.