



Public Records Request Form

PLEASE TYPE OR PRINT IN INK

Email, mail, or deliver this request to:

Timberland Regional Library
Attn: Executive Director
415 Tumwater Blvd., SW
Tumwater, WA 98501
librarydirector@trl.org

Monday – Friday 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 will be a per page cost that may be charged for duplication of these specific records, per *RCW 42.56.120*. I agree to prepay duplication charges associated with my request or a deposit on electronic record requests.

- I wish to have copies/duplicates of the records indicated above. ___Hard Copy ___Electronic Copy
- I wish to make an appointment to review the records indicated above before any copies are made.