



Connecting people to homes, hope and opportunity. Jennifer Westerman, CEO

Name: _____

Street Address: _____

City, State and ZIP Code: _____

Email address: _____

Phone Number: _____

Date: _____

Records Custodian

Housing Opportunities of SW WA

820 11th Ave.

Longview, WA 98632

Dear **Records Custodian:**

Under the **Washington Public Records Act, §42.56 et seq.**, I am requesting an opportunity to inspect or obtain copies of public records.

Please describe the records you are requesting: _____

I understand that there may be charges for the duplication of these specific records. A minimum of \$0.15 per page for standard **photocopies** will be charged to the requestor. If requestor asks HOSWWA to mail copies, the actual cost of postage and the shipping container will additionally be charged. There is no charge to email copies to the requestor, but there may be costs associated with scanning physical documents.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes (RCW 42.56.070)

The Washington Public Records Act requires a response to this request be made within five business days. If access to the records I am requesting will take longer than this amount of time, please contact me with information about when I might expect copies or the ability to inspect the requested records. (RCW 42.56.520)

If you deny any or all this request, please cite each specific exemption you feel justifies the refusal to release the information and notify me of the appeal procedures available to me under the law.

Reproduction Costs

Black and white copies	\$0.15 per page
Color Copies	\$0.20 per page
Scanning and PDF's	\$0.10 per page
Other Electronic Documents	\$24.00 per hour
Mailing	Actual cost of postage and mailing material
Other Media	Actual Cost of Production

Disclaimer of Liability

Neither the Housing Opportunities of SW WA nor any officer, employee, official, or custodian shall be liable, nor shall cause of action exist, for any loss or damage based upon the release of Public Records if the person releasing the records acted in good faith in attempting to comply with this policy.

Thank you for considering my request.

Sincerely,

For Staff Use Only

Date Received:
Received By:
Respond by Date:
Response Date:

Response: _____
