



Community Colleges of Spokane PUBLIC RECORDS REQUEST

Community Colleges of Spokane
Public Records Officer, MS 1006
Post Office Box 6000
Spokane, WA 99217-6000
Phone: 509-434-5275 Fax: 509-434-5279
E-mail: publicrecords@ccs.spokane.edu

Requesting party _____ Date _____

Company or agency (if applicable) _____

Address _____

Telephone (_____) _____ FAX (_____) _____ E-mail _____

DESCRIPTION OF RECORDS (Be as specific as possible. If you do not know the specific name of the records you desire, indicate by a general written description of the type and content of information you wish to locate. Where possible, indicate limiting dates, topic, and person(s) referenced.)

- Request inspection only (no fee) Request for copies (see fees below)

I certify that the information obtained as a result of this request for public records will not be used in whole or in part to compile a list of individuals for commercial purposes. (RCW 42.56.070)

Requestor's signature _____ Date _____

FEES

- Request approved and requestor notified Date _____

Requestor must pay in advance by credit card, exact cash, or check made payable to Community Colleges of Spokane (CCS).

Remit total amount due to CCS; upon receipt of payment, requested materials will be released.

- | | | |
|--|-----------------|--|
| <input type="checkbox"/> Number of paper copies _____ @ 15¢/page | \$ _____ | <input type="checkbox"/> No charge; 25 pages or less |
| <input type="checkbox"/> Number of electronic files _____ @ 5¢/4 files | \$ _____ | |
| Transmission fee _____ @ 10¢/gigabyte | \$ _____ | |
| <input type="checkbox"/> Other fees; i.e., postage, portable drive | \$ _____ | |
| Total amount due | \$ _____ | |

- Request denied and requestor notified Date _____
Reasons for denial: _____

[CCS PROCEDURES FOR PUBLIC RECORDS REQUESTS](#)