



Public Records Request

Date of Request: _____

Name of Requestor/Company: _____

Address: _____

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

Phone: _____

Email Address of Requestor: _____

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

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

Location of Record (if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating this 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 \$0.15 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.

Method by which I would like to receive the information I have requested:

- Mailed to me
 Call me and I will pick up in person
 E-mailed to me (If files are too large to e-mail, the District will contact you to make other arrangements.)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9).

Signature

Date

For District Staff Only

<i>Date received:</i> _____	<i>Comments:</i> _____
<i>Request denied:</i> ___ Yes ___ No	<i>Copies provided:</i> ___ Yes ___ No <i>Fee \$</i> _____ <i>Total \$</i> _____
<i>Date completed:</i> _____	<i>Request completed by:</i> _____