REQUEST FOR PUBLIC RECORDS

Requestor Name: ________________________________

Address: ______________________________________

Phone: _______________ Email: ____________________

Describe the records you are requesting, being as specific as possible to avoid delays in processing your request. A list of the District’s current copying fees is attached.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Note: Information provided shall not be used for commercial purposes.

Signature of Requestor:__________________________ Date:______________

FOR DISTRICT STAFF USE ONLY

Action on request must be taken within five (5) business days (RCW 42.56.520)

Request made by:   □ Fax    □ In Person    □ Writing    □ E-mail

Request received by:__________________________Date:______________Time:______________

Action Taken:

□ Request Granted Mailed: _______________ Picked Up: _______________

□ Request Denied Reason: ________________________________

□ Other Comments: ________________________________

Pages provided to Requestor: _____ Total Cost: ______ □ Paid □ Invoiced

Documents provided by: ________________________ Date:______________
**Copying Fees:**

8 ½ x 11, 8 ½ x 14, and 11 x 17, Single or Double Sided – first 5 pages – no charge, additional pages $.15 each

CD - $5.00

Drawings and Maps – $.15 per square foot

Additional fees for postage will be added as necessary.

Prices subject to change