



Public Records Request

in accordance with RCW 42.56.070

Public Record(s) Requested By: * denotes a required field

* Name	<input type="text"/>	* Date	<input type="text"/>	
* Address	<input type="text"/>	* Phone	<input type="text"/>	
* City	<input type="text"/>	* State	<input type="text"/>	
		* Zip	<input type="text"/>	
* Country	<input type="text"/>		Fax	<input type="text"/>
			* E-mail	<input type="text"/>

Description of Public Record(s):

Please list the title(s) of the specific record(s) being requested or give a specific description.

* Description *(be specific)*

Select Action:

- I would like to INSPECT the above records. Available at 21971 N. Hwy. 101, Shelton, WA 98584, during regular office hours. (The District will contact requestor to schedule the records inspection.)
- I would like a printed COPY of the record(s). Printed copies are 15 cents per page or the actual cost charged by a copy service, plus cost of postage.
- I would like a CD-ROM, if available, containing a COPY of the record(s). CD-ROMS are \$1.00 each.

How would you like to obtain the record(s)?

- I would like to pick up a COPY of the record(s) in person. (Payment due at pick up.)
- Please MAIL the record(s) to me. (Requires prepayment of copy/CD charges + postage.)
- Copies to be e-mailed. (Unless large file size prohibits e-mailing, in which case a web link will be provided to access documents via 3rd party source such as GoogleDocs when available.)

Conditions For Release and/or Review of Public Records

I agree that any list of individuals provided to me **will not be used for any commercial purposes** by me or any other person I represent. I will protect the information from access by anyone who may use it for commercial purposes, which means using the information for profit-making activities. RCW 42.56.070(a)(7)

I understand that any copying charges will be paid by me before receipt of the records.

Signed By Date