

Department use only:

Request #: _____ Date Request Received: _____ Received by: _____



REQUEST FOR PUBLIC RECORDS

Please describe the records requested below, providing any additional information that will help us locate them for you as quickly as possible. Use appropriate document title and date, if known. **Attach additional sheets if needed.**

Washington State law, RCW 42.56.070(8), prohibits the use of lists of individuals for commercial purposes. If I or someone else uses these records for commercial purposes I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity.

I certify the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Requestor's Signature Date

Printed Name

I would like to:

- Inspect the record at no charge.
- Receive a copy or copies after paying required fee.
- Inspect the records first then consider selecting records to be copied for a fee.

Requestor Contact Information:

Name

Phone Number

Address

City, State, Zip

E-Mail Address

Within five business days of the request, the District will respond by: (1) making the records available for inspection or copying; or, if payment is made or terms of payment are agreed upon, sending the records to the requestor; or (2) acknowledging receipt of the request and providing a reasonable estimate of time the District will require to respond to the request; or (3) denying the request.

Charges for Copying: <i>(Fees may be waived if amount due is less than \$7.50)</i>	Quantity	Cost
▶ Paper copies or scans of public records: (\$0.15 per page)	_____	\$ _____
▶ Public records scanned into an electronic format: (\$0.10 per page)	_____	\$ _____
▶ Upload to email, cloud-based data storage service or other electronic means of electronic delivery: (\$0.05 per four (4) files or attachments)	_____	\$ _____
▶ Transmission of public records in electronic format: (\$0.10 per gigabyte)	_____	\$ _____
▶ Digital storage media or device: (actual cost)	_____	\$ _____
▶ Container or envelope used to mail copies to the requestor: (actual cost)	_____	\$ _____
▶ Postage or deliver charge: (actual cost)	_____	\$ _____
▶ Deposit (if applicable) (see * below)	_____	\$ _____
TOTAL CHARGE (attach receipt):		\$ _____

**The District may require a deposit of up to 10% of the estimated cost of providing copies for a request if charges for the request are estimated to be over \$25. The District may charge for each part of a request made on a partial or installment basis as they are made available. If an installment is not claimed or reviewed, the District is not obligated to fulfill the balance of the request, pursuant to RCW 42.56.120(4).*

For Department use only

The District may refuse to allow inspection or copying of a portion or all of the requested records for the reason that it may not be disclosed, or certain portions have been withheld pursuant to RCW's 42.56.070, 42.56.210, 10.97, and a brief explanation of how the exemption applies to the record withheld or redacted.

RECORDS WITHHELD: YES NO *(Provide a brief explanation of how the exemption applies to the record(s) withheld)*

Provided by: _____ Date: _____

Recipient Acknowledgement:

I have received and reviewed the requested public records and/or exemption log to my satisfaction. If copies were requested, I have received them. I consider this request fulfilled.

Requestor's Signature _____
Date

Department use only:

Request #: _____ Date Completed: _____ Presented by: _____