



REQUEST FOR PUBLIC RECORDS

Date of Request

Requester Please complete the form and submit to:
Public Records Officer- Highline Water District – 23828 30th Ave S, Kent, WA 98032 or
Fax: (206) 824-0806 or Email: publicrecords@highlinewater.org

Time of Request

Name:		RCW 42.56.070(8) prohibits the disclosure of lists of individuals for commercial purposes. I certify that information obtained through this public records request will not be used for commercial purposes.	
Organization:			
Street Address:			
City/State/Zip:			
Phone:		Signed:	
Fax:		Representing:	
Email:		Date:	

DESCRIPTION OF REQUEST:
Please be specific of the records being requested. Use appropriate document title and date(s) if known. (Attach additional pages if necessary)

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Select Records Request Options that apply:

- Inspect the records at District Headquarters (no charge)
- Standard Copies (\$.15 per page or \$.10 per page if scanned to electronic form)
- Inspect the records and select records to copy (\$.15 per page or \$.10 per page if scanned to electronic form)
- If the request is for an electronic CAD file, a signed CAD Files Use Agreement must be signed

Acceptance of Documents (Any method other than pick-up or email will incur additional charges)

- PICK-UP US MAIL UPS EMAIL
- FEDEX: Ground Standard Overnight Priority Overnight
- OTHER: _____

Within five (5) business days of receipt of the request, the Public Records Officer will do one or more of the following: (1) Provide the records available for inspection or copying; (2) Provide an internet address and link on the District's website to the specific records requested; (3) Acknowledge receipt of the request and provide a reasonable estimate of time the District will require to respond to the request; or (4) Deny the request.

FOR OFFICE USE ONLY

Request Approved Request Withheld in Part Request Denied

Public Records Officer's Signature: _____ Date: _____

Justification/Comments: _____

Records Provided by District Employee: _____ Date Requester Notified: _____

Description	Qty	Cost	Amount
Standard Copies (8½" x 11" or 8½" x 14")	_____ x	\$.15 ea	\$ _____
Standard Copies Scanned (8½" x 11" or 8½" x 14")	_____ x	\$.10 ea	\$ _____
Other: _____	_____ x	_____	\$ _____
Other: _____	_____ x	_____	\$ _____
		Postage/Shipping Fees	\$ _____
		Total Amount Due	\$ _____

Documents Received By: _____ (Requester Signature) Date Received: _____