

Request for Public Records

There is no charge to review public records. The District may charge for copies, electronic preparation, postage, or other charges authorized by RCW and AWWD Resolution.

REQUESTOR INFORMATION

Name: (Last name, First name, Middle initial)		3a. Pł	3a. Phone:		
2a. Address		3b. Ac	dditional Phone:		
		3c. Er	nail:		
2b. City:		2c. State:	2d. Zip Code:		
4. Description of Records:					
Date of Request:	Time of	Request:			
Does requested records contain	a list of individuals?	□ No □ Yes I	f yes, complete Certification below.		
"Request for Public Records Signature			ormation obtained through this Date		
Attn: 3626	wood Water & Wastewate Public Records Request 156 th St. SW. wood, WA 98087-5021	er District or em	ail: PRR@awwd.com		
ISTRICT RESPONSE 5a. Date Received:	5b. Time Received:	5c: Name of pe	:: Name of person taking action:		
	se additional sheets if nece	essary) 5e. [Date Action Taken:		
		6a. I	Number of Pages:		
		6b. 1	Number of Copies: x		
			Per Page Charge: x 15¢		
		6d. 0	Other costs: +		
		6e. ⁻	Fotal Charge: =		