

WHATCOM COUNTY WATER DISTRICT # 13 REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Please Print Legibly

Name: _____ Date: _____

Address: _____

Phone Number: _____ Email: _____

Records Requested to be in the form of: Email Pick Up USPS Mail
(Check one please)

RECORDS REQUESTED:

Title of Record: _____

Date of Record: _____

(Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.)

I certify that the records or information obtained will not be used for any commercial purposes. I understand that I will be charged \$.15 cents per page copied.

Signature of Requestor: _____ Date: _____

-----**FOR DISTRICT USE ONLY**-----

Initial response to request: _____ Date: _____

Department Action Taken: _____

Number of pages copied: _____ Per Page charge \$.15 Total Charge: _____

Date of Records Request Completed: _____ Person Released: _____