



WOODINVILLE WATER DISTRICT

17238 NE Woodinville-Duvall Road

PO Box 1390

Woodinville WA 98072-1390

(425) 487-4100

FAX (425) 485-6381

Email Public Records Officer: jhorvath@woodinvillewater.com

REQUEST FOR PUBLIC RECORDS

In accordance with RCW 42.56.520

Date of Request: _____

Requested By: (Individual) _____

(Organization) _____

(Address) _____

(Phone) _____ (Fax) _____

(Email Address) _____

Description of Requested Records: (Please indicate the number of copies being requested)

(Attached additional pages as needed for request.)

RCW 42.56.070(9) prohibits the disclosure of lists of individuals for commercial purposes. If requesting lists of individuals, please affirm the following statement by checking the box at the end of this sentence:

I WILL NOT use any requested lists of individuals for commercial purposes.

Signed _____

Representing _____

Dated _____

For District Use Only

Date Processed _____ Processed by _____

Approved by _____

Title _____

Costs: \$.15 per page for photocopies or printed copies.

\$.10 per page for scanned records.

\$.05 per each four electronic files or attachments to email.

\$.10 per gigabyte in electronic format.

--If the District has to pay an off-site vendor for copying of public records in non-standard formats, the requestor shall pay the costs of such duplication as set forth in the District's adopted policies.

--The District may require a deposit of up to 10% of the estimated cost of copying all public records selected by the requestor.

Number of Pages _____ x Cost from above _____ \$ _____

Number of Non-Standard Copies _____ x \$.____ each page = \$ _____

Postage Charges/Shipping Container \$ _____

Faxed Charges \$ _____

TOTAL AMOUNT DUE \$ _____