



REQUEST FOR PUBLIC RECORDS

Requesting Party: Date of Request:

Address:

City: State: Zip Code:

Phone Number: Fax Number:

Email Address of Requestor:

Please provide as much detail as possible describing the records you are requesting (attach additional pages if necessary). Failure to provide sufficient information to identify records may cause a delay.

I understand there is a minimum charge of \$.15 per page for black and white duplication of requested records, and additional charges may apply for color, larger or oversized copies, maps, postage, packaging, etc. I agree to prepay duplication charges associated with my request by check or cash.

- I would like to make an appointment to review the records indicated above before copies are made.
- I wish to have copies/duplicates of the records indicated above.

Once the copies/duplicates are available, I would like to:

- Receive them by mail.
- Receive a call and I will pick up in person.

I certify that information obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9).

Signature: Date:

Covington Water District shall respond to your Request for Public Records within five (5) business days of receipt of the request by providing one of the following: (1) the requested record; or (2) acknowledging receipt of the request and providing a reasonable estimate of when to expect a response; or (3) deny the request and state the reasons for denial.

For District Staff use only:

Date Received: _____ Request denied: ___Yes___No Copies provided: ___Yes___No

Date Processed: _____ Processed by: _____ Total Amount Due: \$ _____

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