



Public Records Request Form

Belfair Water District #1
P.O Box 563, 22451 St Hwy 3
Belfair WA. 98528

Date: _____

Rcvd By: _____

Name	_____	Phone	_____
Address	_____	Fax	_____
City/State/Zip	_____	Email	_____

Record(s) requested: Please describe a specific identifiable record. Include document date, number or name if known.

_____ I would like to inspect the record(s) at no charge (initial on line to indicate your preference)

I would like a copy of the the record(s) :

_____ Mailed _____ Faxed _____ Emailed (if available in electronic format) _____ Picked up

Please allow 5 business days for a response to your request. RCW 42.56.520

I agree to pay all copy charges pursuant to BWD cost for copies and certified mail etc.. If that is the method requested. RCW 42.56.120

I certify the information obtained through this request will not be used for commercial purposes RCW 42.56.070.(9)

Requestor Signature

Date

Official Use Only

No Record was Located.

Record is exempt from disclosure RCW _____

Portions of the record are exempt and have been redacted pursuant to RCW _____

5 Day response ? Date: _____ Fees Due: _____ (Attach Invoice copy)

Payment Received Completed By: _____

Records Were: Mailed: _____ Faxed: _____ Emailed: _____ Picked up _____