

LAKEHAVEN UTILITY DISTRICT
REQUEST FOR PUBLIC RECORDS

DATE _____ TIME _____

NAME OF REQUESTOR: _____

ADDRESS _____

PHONE: _____ EMAIL: _____

Description of Records Being Requested: *(Please be specific, using as many details as possible, i.e. dates, names, addresses, etc., so the District can clearly identify which records are being requested)*

(If more space is needed, please attach additional pages)

Please mail copies hold copies for pickup. Please do not make copies, but allow review of documents prior to copying. If available, email copies, scan copies or provide compact disk for electronic data. **Payment is required prior to release of documents.**

I understand that Washington State law limits certain uses, including but not limited to RCW 42.17.130, prohibiting using lists of persons to promote election of persons or for promotion or opposition of ballot measures and RCW 42.56.070, prohibiting using lists of individuals for commercial purposes.

Signature of Requestor: _____

Dated: _____ **at (location):** _____
(City and State)

Please return form to Public Records Officer, 31627 1st Avenue South, Federal Way, WA 98003, or electronically to lalexander@lakehaven.org, or FAX to (253) 839-9310.

Copying/Scanning/CD costs: 15 cents per standard copy/10 cents per scan/\$5.00 each compact disk to transmit electronic data or as otherwise provided by District Fees & Charges Resolution.

Number of Pages	_____	Number of Items	_____
Copies of Each Page	_____	Copies of Each Item	_____
Total number of Pages	_____	Total number of Items	_____
Total Charge per Copy	\$ _____	Total Charge per Item	\$ _____
Total Charge	\$ _____	Total Charge	\$ _____

Total Charge For All Items Requested \$ _____

For Internal Office Use Only

Public Records Officer: Date received _____ Approve _____ Deny _____

Reason for Denial: _____

