



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.

Fee Schedule for Public Records Request, RCW 42.56.120(2)(b)

Printed copies - 15 cents per standard copy
Scanned copies - 10 cents per page for records scanned into an electronic format
Electronic files and/or electronic attachments - \$0.05 per each 4 electronic files or attachment uploaded to email, etc.
Transmission of records via electronic format - \$0.10 per GB for transmission of records in electronic format
Digital Media Storage – At cost
Mailing costs – At cost
Charges are subject to change or as otherwise provided by District Fees & Charges Resolution.
<u>For Internal Office Use Only</u>
Public Records Officer: Date received _____ Approve _____ Deny _____
Reason for Denial: _____