

SCATCHET HEAD WATER DISTRICT

PUBLIC RECORDS REQUEST

NAME _____ DATE _____

MAILING ADDRESS _____

PHONE NUMBER _____

EMAIL _____

WHAT YOU ARE REQUESTING: *GIVE DETAILS, SUCH AS NAME OF DOCUMENT, AND DATES, THAT WILL ASSIST IN LOCATING.*

SHWD RESPONSE: WITHIN 5 BUSINESS DAYS OF RECEIPT OF THIS REQUEST THE PUBLIC RECORDS OFFICER WILL DO ONE OR MORE OF THE FOLLOWING:

- 1. PROVIDE THE RECORDS AVAILABLE FOR INSPECTION OR COPYING**
- 2. PROVIDE INTERNET ADDRESS AND LINK TO SH-WD.NET WEBSITE**
- 3. ACKNOWLEDGE RECEIPT OF REQUEST AND PROVIDE AN ESTIMATE OF SHWD RESPONSE**
- 4. SHWD WILL REQUEST CLARIFICATION OF ANY UNCLEAR REQUESTS**
- 5. DENY THE REQUEST**

SHWD FOLLOWS WASHINGTON STATE RCW 42.56 RCW.

CERTIFICATION BY REQUESTOR:

- I WISH TO HAVE COPIES OF REQUESTED RECORDS. SHWD WILL CHARGE FOR DUPLICATION OF RECORDS, IN AN AMOUNT OF ACTUAL COST FROM A COPY CENTER CHARGE. THIS AMOUNT WILL BE SENT TO THE REQUESTOR AND ACCEPTED WITH A CHECK IN THE AMOUNT FOR THESE SERVICES.
- I WISH TO MAKE AN APPOINTMENT TO REVIEW THE REQUESTED DOCUMENTS AT A MUTUALLY AGREED TIME AND LOCATION BEFORE ANY COPIES ARE MADE.

SIGNATURE: _____

DATE _____ PHONE: _____

MAIL OR DELIVER THIS REQUEST TO:

***KING WATER COMPANY
107 S. MAIN STREET
COUPEVILLE 98239
MAILING ADDRESS:
P O BOX 2243
OAK HARBOR, WA 98277
360-678-5336***

