



PUBLIC RECORDS REQUEST FORM

6830 NE 185th St. | Kenmore, WA 98028
 Ph: (425) 398-4400 | Fax: (425) 398-4430 | www.nud.net

REQUESTER INFORMATION

| | | | | | | | |
|----------|-----|------|---------------|----------------------------------|-----------------------------------|---------------------------------|------------------------------------|
| Name: | | | | Requesting date: | | | |
| Email: | Ph: | Fax: | Request made: | <input type="checkbox"/> by mail | <input type="checkbox"/> by email | <input type="checkbox"/> by fax | <input type="checkbox"/> in person |
| | | | Contact me: | <input type="checkbox"/> by mail | <input type="checkbox"/> by email | <input type="checkbox"/> by fax | <input type="checkbox"/> by phone |
| Address: | | | | | | | |

REQUEST DESCRIPTION (Please be specific enough for District staff to identify and locate the records that you are requesting. This request can only be for existing records; the District cannot do research or create reports, document or records at your request.)

Do you want to inspect the records? Check box if yes. Inspect first and copy selected pages:

PUBLIC RECORD REQUEST CONDITIONS

The District is not allowed to provide lists for commercial uses. **I agree not to use this requested information for a mailing list for commercial purposes.**

I understand that I must inspect or claim the requested records within 30 days of being notified by the District that the requested records are ready for inspection. The District shall close the request after that time period.

By signing the box at right, I agree to both conditions. →

Requester Signature

FOR DISTRICT USE ONLY

| | | | | | |
|------------------------|--|--------------|--|--------------|--|
| Request received date: | | Received by: | | Assigned to: | |
| Email search terms: | | | | | |

REQUEST PROCESSED:

| | | | |
|---|--|---------------------------------------|--|
| Estimated date for records availability: | | Requester notified on: | |
| Additional time? If so, how long and why? | | Requester notified on: | |
| Records inspected on: | | Request sent to District attorney on: | |
| If the request is denied or withheld in part, name the exemption contained in 42.56 RCW. If request is concluded in another manner, please explain how. | | | |

CHARGES: (There is no charge for record inspection. Letter-sized copies are 15 cents each.)

| | | | | | |
|---------------|----|----------|--|--------------|--|
| TOTAL CHARGE: | \$ | Paid on: | | Receipt No.: | |
|---------------|----|----------|--|--------------|--|