



**REQUEST FOR PUBLIC RECORDS**

Call the District at 425-255-6370 with any questions regarding the use of this form.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Company/Org: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
City, State & Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Description of record(s) requested. Attach additional sheet if needed. (Request must be **clear** and **concise** to avoid delays.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please choose one of the 3 options below:**

- Check here to set up an appointment to view records
- Check here to set up an appointment to preview records prior to copying
- Check here if copies are requested

**District Policies and Intended Use:**

The District will respond to a records request within **five business days** of receiving a public records request by either: (1) providing the record; (2) acknowledging that the District has received the request and providing a reasonable estimate of the time the District will require to respond to the request; or (3) denying the request. Time required to respond to a request may be based on the need to clarify the intent of the request, to locate and assemble the information requested, to notify third persons or agencies affected by the request or to determine whether any of the information requested is exempt and that a denial should be made to all or part of a request. In acknowledging receipt of a request that is unclear, the District may ask the requestor to clarify what information the requestor is seeking. If the requestor fails to clarify the request, the District need not respond to it. See RCW 42.56.520

**REQUESTOR PLEASE READ AND SIGN**

I certify that any lists of individuals provided as a response to this request will not be used for commercial purposes per RCW 42.56.070(8). *Please initial here:* \_\_\_\_\_

Further, I understand I will be charged as follows:

<b>Copies:</b>		<b>Oversized documents</b>	Actual cost for
Single Sided	\$.15 per page	(Exceeding 11x17 inches)	reproduction
Double Sided	\$.15 per side		
<b>Scanned Documents:</b>		<b>CD/DVD/Flash Drive/Other Media</b>	Actual cost
Single Sided	\$.10 per page	<b>Postage &amp; Mailing</b>	Actual cost
Double Sided	\$.10 per side		

I agree to pay such charges. If the District provides copies of records on a partial or installment basis, the requestor shall pay the charge for each installment as provided.

***Having read the above-stated conditions, I hereby agree to each of them.***

Signature of requestor: \_\_\_\_\_ Date: \_\_\_\_\_

**Please choose one of the following options to submit your request:**

- Fax the completed form, Attention Public Records Officer to 425-228-4880
- Deliver the completed form in person to the District Office at 18421 SE Petrovitsky Rd, Renton WA 98058
- Mail the completed form to Cedar River Water Sewer Dist., P.O. Box 1040, Maple Valley, WA 98038



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**FOR DISTRICT USE ONLY**

Date Received: \_\_\_\_\_

Received By: \_\_\_\_\_

**Copies of this request were provided to:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Above staff to respond to General Manager by:** \_\_\_\_\_

Note to staff: RCW 42.56.520 requires a WRITTEN RESPONSE within 5 working days of the request. The first day begins the day after receipt. Contact the General Manager with specific questions.

**Day 5 Response to requestor on or by:** \_\_\_\_\_

General notes (and/or) reason for delay or inability to produce records: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Responded by (date): \_\_\_\_\_

Comments/List Information Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request was satisfied: Yes \_\_\_\_\_ No \_\_\_\_\_ Date \_\_\_\_\_

Denied for the following reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Denial letter issued: \_\_\_\_\_

**COMPLETION OF REQUEST**

Date \_\_\_\_\_ Number of Copies \_\_\_\_\_ Amount paid \$ \_\_\_\_\_ Cash  Check  Receipt # \_\_\_\_\_