

FREELAND WATER and SEWER DISTRICT

PUBLIC DISCLOSURE REQUEST FOR INFORMATION

Instructions: Any person desiring to inspect or copy any public record of Freeland Water and Sewer District shall complete this form and shall either deliver this form in person to 5421 Woodard Avenue, Freeland or mail to PO Box 222, Freeland, WA 98249. Cost per page (8 1/2 x 11) copied: \$.25 No fee is charged for the inspection of public records. Office hours are 8:00 am, to 5:00 pm, Monday-Thursday.

REQUESTOR INFORMATION:	DATE: _____
NAME OF REQUESTOR: _____	
ADDRESS: _____	PHONE # _____
EMAIL: _____	FAX # _____
CITY, STATE, ZIP _____	EMAIL _____
REASON FOR REQUEST: _____	
I WISH TO _____ INSPECT OR _____ RECEIVE A COPY THE FOLLOWING INFORMATION: (Please be specific)	

Records concerning individual other than requestor? _____ Yes _____ No	
I certify that lists of names obtained through this request for public records will not be used for commercial purposes.	
SIGNATURE OF REQUESTOR:	REQUEST MADE IN PERSON _____ BY MAIL _____ BY PHONE _____ BY EMAIL _____
Agency Response to be completed by Freeland Water and Sewer District	
(a) _____ Your request has been received and is being processed.	(d) _____ The record you requested is exempt from inspection under the law.
(b) _____ The record you requested is attached.	(e) _____ we do not have the record. (See remarks)
(c) _____ We need additional information to respond to your request. (see remarks)	(f) _____ _____
REMARKS:	
I certify that notification of final agency response was carried out as stated above: _____ date	