



Lake Whatcom Water & Sewer District

1220 Lakeway Dr
Bellingham, WA 98229

www.lwwsd.org
Office Hours:
Mon-Thu 8 a.m. - 5 p.m.

360-734-9224
Fax: 360-738-8250

Public Disclosure - Request for Public Records

Instructions: Employee receiving request completes Section 1. Section 2 is completed by the requestor if the request is made in person, otherwise, by the person receiving the request. Legal or other authorizing documents should be attached. Section 3 must be completed by the Records Officer. Section 4 is completed by the notifying employee.

Section 1: Administrative Use

Date: _____ Request Number: _____
Assigned by Records Officer

Request Received by: _____

Section 2: Records Request

Name of Requestor: _____ Date: _____

Requestor Address: _____
Street City State Zip

Requestor Phone: _____

I wish to:

Inspect the records at no charge (you may request copies after inspection)

Receive copies of the records after paying required copying charges.

Copy charge is 15 cents per page for legal or letter sized copies, or actual cost for other sizes.

Records Requested: _____

If record(s) concern individual(s) other than requestor, please give names:

Is/are the requested record(s) to be used for commercial purposes?

No Yes

Request made: In Person By phone By mail By email

If requested by mail/email, please attach

Signature of Requestor: _____

Section 3: Agency Response

Record(s) Availability:

Clarification of the request is necessary: _____

Allow Access. RCW 42.56 has been consulted and you may view and/or copy the requested record. Copy charge is 15 cents per page for regular legal/letter sized copies.

Deny Access (complete or partial). The District has determined that the records you have requested are wholly or partially legally exempt from public disclosure by the following authority: _____ . This record is exempt by this authority because _____

We do not have the record(s). Explanation: _____

5 Day Explanation Letter

N/A: Records provided in under 5 days

Letter sent on _____ By: _____ Timeline given to fill: _____

Section 4: Requestor Notification

Name of Person Notified: _____

Notification Date: _____ Notification Time: _____

Notified by: Mail E-mail Phone In Person

I certify that I carried out notification of final agency response as stated.

Employee Signature: _____

I certify that I personally received final agency response.

Requestor Signature: _____

Form Distribution:

Original to Requestor

Copy to Records Officer