



# 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 - Waiver Form for the Release of Information

I, \_\_\_\_\_, hereby authorize Lake Whatcom Water and Sewer District to disclose to \_\_\_\_\_, whose address is \_\_\_\_\_, the following information: \_\_\_\_\_

\_\_\_\_\_ ,  
which is held by Lake Whatcom Water & Sewer District.

I execute this release voluntarily and with full knowledge of its significance.

Signature: \_\_\_\_\_

I certify that the above signature is the person known to me as \_\_\_\_\_ and I have personally verified his/her identity.

Signature: \_\_\_\_\_

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

Title & Agency: \_\_\_\_\_

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

*\*Mail request identify verification must be made by a Notary Public.*