



# 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  
info@lwwsd.org

## 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