

RETURN TO:

Columbia Valley Water District
Attn: Beth Morgan
6229 Azure Way
Maple Falls, WA 98266

**COLUMBIA VALLEY WATER DISTRICT
REQUEST FOR PUBLIC RECORDS**

Date: _____ Time: _____

Name: _____

Address: _____

Description of Records: _____

I understand that if a list of individuals is provided to me, it will not be used for commercial purposes, or to provide access to materials to others for commercial purposes as prohibited by RCW 42.56.070(9). Further, I understand that I will be charged \$0.15 per page for letter- or legal-sized black and white copies. The fee charged for other types and sizes of copies will equal the District's actual cost for duplication. Having read the above stated conditions, I hereby consent to each of them.

Signature of Requestor _____ Date _____

FOR DISTRICT USE ONLY:

Action Taken on Request: _____

Name of Person Taking Action: _____

Date Action Taken: _____

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