

Return To:
MANCHESTER WATER DISTRICT
P.O. Box 98
(2081 East Spring Street)
Manchester, WA 98353

**MANCHESTER WATER DISTRICT
REQUEST FOR PUBLIC RECORDS**

Date: _____

Full name(s) of Requesting Person(s): _____

Mailing Address: _____

Contact Phone Number: _____

Description of Records sought (Please be as specific as possible as to what you seek to aid District staff in identifying and locating the same): _____

I, the above identified person(s), certify that the information obtained through this "Request for Public Records" will not be used for commercial or illegal purposes.

Signature: _____

Signature: _____

FOR DEPARTMENT USE ONLY:

Date & Time Request Received by District: Date: _____ ; Time: _____

Action Taken on Request, and Reason taken on action if request denied in whole or part: _____

Name of Person Taking Action: _____

Date Action Taken: _____

Staff time to Copy: _____

Number of Copies: _____

Total Copy Charge: _____

Total Staff Charge: _____

at 15 cents per page;

at \$25 per hour after the first 15 minutes.

TOTAL CHARGE: _____

PUBLIC RECORDS REQUEST (Resolution 2006-11)

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