



REQUEST FOR PUBLIC RECORDS

Date of Request

Requester Please complete the form and submit to:
Public Records Officer- SW Suburban Sewer District – 17840 Des Moines Memorial Drive So. Burien,
WA 98148 or Fax: (206) 433-8546 or Phone: (206) 244-9575

Time of Request

RCW 42.56.070(8) prohibits the disclosure of lists of individuals for commercial purposes. I certify that information obtained through this public records request will not be used for commercial purposes.

Name: _____

Organization: _____

Street Address: _____

City/State/Zip: _____

Phone: _____

Fax: _____

Email: _____

Signed: _____

Representing: _____

Date: _____

DESCRIPTION OF REQUEST:
Please be specific of the records being requested. Use appropriate document title and date(s) if known. (Attach additional pages if necessary)

- _____
- _____
- _____
- _____

Select Records Request Options that apply:

- Inspect the records at District Headquarters (no charge)
- Standard Copies (\$.15 per page or \$.10 per page if scanned to electronic form)
- Inspect the records and select records to copy (\$.15 per page or \$.10 per page if scanned to electronic form)

Acceptance of Documents (Any method other than pick-up or email will incur additional charges)

- PICK-UP US MAIL UPS EMAIL
- FEDEX: Ground Standard Overnight Priority Overnight
- OTHER: _____

Within five (5) business days of receipt of the request, the Public Records Officer will do one or more of the following: (1) Provide the records available for inspection or copying; (2) Provide an internet address and link on the District's website to the specific records requested; (3) Acknowledge receipt of the request and provide a reasonable estimate of time the District will require to respond to the request; (4) Acknowledge receipt of the request and ask for clarification of an unclear request, or (5) Deny the request.

FOR OFFICE USE ONLY

- Request Approved Request Withheld in Part Request Denied

Public Records Officer's Signature: _____

Date: _____

Justification/Comments: _____

Records Provided by District Employee: _____

Date Requester Notified: _____

Description	Qty	Cost	Amount
Standard Copies (8½" x 11" or 8½" x 14")	x	\$.15 ea	\$
Standard Copies Scanned (8½" x 11" or 8½" x 14")	x	\$.10 ea	\$
Other:	x		\$
Other:	x		\$
	Postage/Shipping Fees		\$
	Total Amount Due		\$

Documents Received By: _____ (Requester Signature) Date Received: _____