



Kittitas Reclamation District

Request for Public Records

Please describe the records requested below, providing any additional information that will help us locate them for you as quickly as possible. Use appropriate document title and date, if known.

Do you want to?

- Inspect the record at no charge
 Receive a copy or copies after paying required fee
 Inspect the records first then consider selecting records to be copied for a fee

Within five business days of the request, the District will respond by: (1) making the records available for inspection or copying; or, if payment is made or terms of payment are agreed upon, sending the records to the requestor; or (2) acknowledging the receipt of the request and providing a reasonable estimate of time the District will require to respond to the request; or, (3) denying the request

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. If I or someone else uses these records for commercial purposes I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity.

I certify the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Dated this _____ day of _____, 20____.

Signature

Printed Name

Address

City, State, Zip

E-Mail Address

Phone Number

- See Reverse Side for Response to Request -

Department use only:

Requestor: _____ Date Completed: _____ By: _____
Date of original request: _____ Request No.: _____ Receipt No.: _____
Response presented by: _____

Request Granted

8.5"×14" or smaller black and white copies or scans (\$0.15 per page)	+ \$ _____
8.5"×14" or smaller color copies or scans (\$0.30 per page)	+ \$ _____
Oversized copies and print outs (\$1.00 per page)	+ \$ _____
Oversized Maps \$5.00 per square foot	+ \$ _____
Photograph (actual charge from private copy shop)	+ \$ _____
Tapes, CD, DVD (actual cost)	+ \$ _____
Postage (if applicable)	+ \$ _____
Fax (8.5"×11" only) (\$1.00 per page)	+ \$ _____
Other Materials	+ \$ _____
TOTAL CHARGE (attach receipt)	= \$ _____

Note: Withholding of the specific portions of the public record, which the District is not disclosing to you, is an authorized exemption. Please see "Request Denied" information, below.

I have received and reviewed the requested public records to my satisfaction. If copies are requested, I have received them. I consider this request fulfilled.

Requestor's Signature

Date

For Department Use Only

Request Denied

The District is refusing to allow inspection or copying of the requested documents described on the reverse side of this request form. Access to the requested public record is denied for the reason that it may not be disclosed pursuant to RCW 42.56.070, 42.56.210 or RCW 10.97, or certain portions have been withheld pursuant to RCW 42.56.070(1) or RCW 42.56.210.

(Provide a brief explanation of how the exemption applies to the record withheld.)

