

Return To:
MANCHESTER WATER DISTRICT
P.O. Box 98
(8185 E. Daniels Loop, Suite 111)
Manchester, WA 98353

MANCHESTER WATER DISTRICT
REQUEST FOR PUBLIC RECORDS

Date: _____

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

Mailing Address: _____

Contact Telephone 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: _____

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