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PUBLIC RECORDS ACT REQUEST FORM

Today's Date/Time: _____

Water District 19 is committed to responding to your request for public records in a prompt and efficient manner. In order for us to process your request, we need a clear, specific description of the records that you would like.

Please identify the records:

YOUR NAME: _____ (Please PRINT)

ADDRESS: _____

PHONE: _____

EMAIL: _____

You may make an appointment to inspect the responsive records free of charge. If you wish to obtain copies, pursuant to RCW 42.56.070(8) and RCW 42.56.120, we charge \$0.15 per page, plus the cost of postage if the records are mailed to you. If you wish to receive a CD instead of paper copies, we charge \$7.50 per CD, plus postage if you wish to have the CD mailed to you.