

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: \_\_\_\_\_

Staff time to Copy: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Total Copy Charge: \_\_\_\_\_ at 15 cents per page;

Total Staff Charge: \_\_\_\_\_ at \$25 per hour after the first 15 minutes.

**TOTAL CHARGE:** \_\_\_\_\_

PUBLIC RECORDS REQUEST