

**PORT LUDLOW DRAINAGE DISTRICT
REQUEST FOR PUBLIC RECORDS**

PLEASE PRINT CLEARLY

Date of Request: _____
Requester name: _____ Phone: _____

Address: _____

Email: _____

Request made: In person U.S. mail Email

Detailed, specific description of Public Records Requested: _____

_____.

Date(s) of Public Record(s) Requested: _____

DECLARATION REGARDING USE OF PUBLIC RECORDS

I, _____, under penalty of perjury under the laws of the State of Washington, hereby declare as follows:

1. I understand that the Public Records Act, chapter 42.56 RCW, prohibits the District from disclosing lists of individuals to requestors for commercial purposes.
2. I understand that the use of lists of individuals for commercial purposes may violate the rights of the individuals named and may subject me to liability for such use.
3. I understand that "commercial purposes" is defined as an intent to use the list of individuals in such a manner as to facilitate commercial activity, regardless of whether the individuals on the list are directly contacted.
4. I am not using the public records requested for commercial purposes and I have not requested such records in order to allow other persons to use the public records for commercial purposes.

Signature of Requester: _____
Date: _____
City and State of Signing: _____

FOR OFFICIAL USE ONLY

1. Received by: _____ Date received: _____

2. Date Requestor notified of action to be taken: _____

3. Action taken: Request granted
 Estimated Response date provided
 Request clarification
 Request denied
 Record(s) redacted

4. If additional time needed, explain why: _____

5. Request forwarded to attorney for review:

Yes. Date: _____ No.

6. If a request is denied in whole or in part, identify the exemption which authorizes withholding or redaction and a brief explanation of how it applies to this record: _____

7. Additional Notes: _____

8. FEES.

Standard copy charge @ 15 cents per page

Charge _____ pages @ 15 cents per page: \$ _____

Other: \$ _____

Total charges: \$ _____

Documents provided: DATE: _____

MAILED: _____

PICK UP: _____

Receipt #: _____

Date: _____