



Lakewood Water District
11900 Gravelly Lake Drive SW
Lakewood WA 98496

Phone: 253-588-4423 | Fax: 253-588-7150

www.lakewoodwater.org

Check-out of Public Records

(One form per record request)

For District Use Only

Date Rec'd: _____

Rec'd by: _____

CC to Log: _____

MM Approval of rq'd info: _____

Date: _____

Name: _____

Firm: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone No.: _____ Fax No.: _____ Email address: _____

Records Requested

Please complete as many of the following items as are known or pertinent:

Property Address (if applicable): _____

Year Record Issued: _____

In accordance with RCW 42.17.250 through 42.17.340 and Lakewood Water District Resolution No. B-1211, PLEASE NOTE: The District shall respond to this request within five business days but may need additional time to make the requested records available. You will be contacted when the records you requested are ready for your review at the District premises. All records are the property of the District and may not be altered, added to, or removed from the District. The District charges a copying charge of 15 cents per page for all copies over ten pages. Photographing documents is not permitted.

- This request to review public records will be maintained as a portion of the public records.
- FOR REQUESTS TO REVIEW RECORDS RELATING TO PRIVATE RESIDENCES, the District may notify the owner and/or the owner's representative of the request.
- I understand that if a list of individuals is provided to me by the Lakewood Water District such list MAY NOT BE USED FOR COMMERCIAL PURPOSES as prohibited by RCW 42.56.070(8)
- Allowing the inspection and copying of public records by Lakewood Water District is not meant to waive or restrict any copyright, proprietary, or other rights in said documents.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS:

(Name Printed)

(Signature)

(Date)

FOR DISTRICT USE ONLY

Records reviewed/copied/mailed: _____

Date and time records reviewed/copied/mailed: _____ Witnessed by: _____

No. of copies made: _____ Copy charge: _____ Payment received: _____

Signature: _____

Marshall Meyer
Public Disclosure Officer