

REQUEST FOR PUBLIC RECORDS



A. REQUEST FOR RECORDS BY:		
Name:		
Organization:		
Mailing Address		
City:	State:	Zip:
Telephone:	Fax:	Email:

B. I AM REQUESTING:	
<input type="checkbox"/> RECORDS ABOUT: (please be as specific as possible)	
Select the specific record(s) you are requesting:	
<input type="checkbox"/> Paper File	<input type="checkbox"/> Written project correspondence
<input type="checkbox"/> Email project correspondence	<input type="checkbox"/> Other (specify)

C. PLEASE PROVIDE THE RECORDS BY:
<input type="checkbox"/> Inspection* <input type="checkbox"/> Photocopy** <input type="checkbox"/> CD** <input type="checkbox"/> Email
* By appointment. WCD will contact you to arrange a time for you to inspect records at our office.
** The WCD may charge you for copies made, per WAC 286-06-090, as posted on our web site.

I agree that any list of individuals provided to me will not be used for any commercial purpose by me or any other person I represent, per RCW 42.56.070(9).

Signature of Person Requesting Public Document

Date Requested

Send This Request by Mail, Fax, or Email:	
Whatcom Conservation District	Fax: 354-4678
6975 Hannegan Road	Email: gboggs@whatcomcd.org
Lynden, WA 98264	

For Department Use Only:
Date Received: