



Date of Request: _____ Time: _____

Name of Requester: _____

Address: _____

EMAIL COMPLETED FORM TO
dist.office@nilefire.org

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Email: _____

NATURE OF REQUEST

1) Identification/description of records being requested: _____

2) Inspection only: _____ ☐

3) Number of copies requested _____

4) Preferred Method of Return:

I hereby certify that if a list of, or name(s) of, individual(s) is obtained through this request, that information will not be used for commercial purpose.

_____ ☐ Email _____ ☐ Postal

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Processed By: _____

Date Received: _____ Time Received: _____

Date Processed: _____ Time Processed: _____

1) Request Granted: _____ ☐ Request Withheld: _____ ☐ Record Withheld In Part: _____ ☐

2) If a consent is needed, name of individual: _____

3) If withheld, identify the exemption contained in RCW 42.17.310 or other applicable statute that authorizes the withholding record or the part of the record: _____

4) If withheld, explain how the exemption applies to the record withheld: _____

Signature _____

Date: _____

NOTE: RCW 42.17.320 states that "Responses to requests for public records shall be made promptly..." The District will endeavor to fill requests within 5 days. Charge for photo copies is 15 cents per page, plus postage