

**REQUEST FOR PUBLIC RECORD**

RONALD WASTEWATER DISTRICT  
17505 LINDEN AVENUE NORTH  
P.O. BOX 33490  
SHORELINE WA 98133-0440  
(206) 546-2494

Name of Requestor: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ ZIP: \_\_\_\_\_

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

Please provide a list of the documents you wish to view. Please be as specific as possible.  
Use a separate sheet of paper if necessary.

Signature of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

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For District Use Only

CHARGES: No fee for the inspection of public records.  
The District shall charge a fee of .15¢ per page Pursuant to RCW 42.56.120.

No. of Pages: \_\_\_\_\_ Total Charges \$ \_\_\_\_\_