



Request for public records

Identification:

Name:	Daytime telephone:
Representing (if applicable):	E-mail:
Street address:	City, State, ZIP

Nature of request:

Please be specific in defining the records you wish to inspect. If you do not know the name of the records desired, provide a general description of the content, indicating – to the degree possible – dates, topics or person(s). Attach additional pages if necessary.

Form of request/certification:

How do you wish to receive the public record?

Inspection at NEWESD offices (no fee).

Refer me to a Web site (if applicable) (no fee).

Send me paper copies (15 cents per page).

Electronic device/other, (please specify) _____ (cost varies).

Requester will be notified in advance of projected costs (a deposit may be required).

Make checks payable to: NEWESD 101.

Remit checks to: Public Records Officer, NEWESD 101, 4202 S. Regal, Spokane, WA 99223.

I hereby certify that the information obtained as a result of this public records request will not be used for commercial purposes.

Requester's signature: _____ Date: _____