

**EASTSOUND SEWER AND WATER DISTRICT**

**P.O. Box 640**

**Eastsound, WA 98245-0640**

**Phone (360) 376-2720**

**Fax (360) 376-2737**

**REQUEST FOR PUBLIC RECORDS**

Name of Person Making Request; \_\_\_\_\_

Address of Person Making Request; \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Request; \_\_\_\_\_

Time of Day; \_\_\_\_\_

Identify the Public Record for Inspection or Copying;


**Signature;** \_\_\_\_\_

Additional Information;


**Received by;** \_\_\_\_\_

**Date;** \_\_\_\_\_

**Date Delivered;** \_\_\_\_\_

**By;** \_\_\_\_\_

**Signature**