



# REQUEST FOR RECORD

WASHINGTON ASSOCIATION OF CONSERVATION DISTRICTS

Date of Request	Requester:	Phone Number: (    )
	Company:	Fax Number: (    )
		Email address:
Address:		City/State/Zip:

Detailed Description of Record Being Requested

I request to inspect the record at WACD's main office at 1219 11th Ave SE, Suite 103 Olympia, WA 98501  YES  NO

I request WACD to send copies, including hard copy or electronic copy (specify).  Hard Copy  Electronic

I understand that if a list of **individuals** is provided to me by WACD, it will neither be used to promote the election of an official or to promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or to give or provide access to material to others for commercial purposes as prohibited by RCW 42.56.070(9). I understand that I will be charged 15 cents per page for all standard and legal sized copies, or actual cost incurred by the agency per chapter 42.56.120 RCW.

**Requester's Signature** \_\_\_\_\_