

## **Lake Wenatchee Water District**

PO Box 2813, Leavenworth WA 98826 509-679-1353

## **Request for Public Records**

	Rec	uestor Information	
Name		Date:	
Address			
Phone/email			
Fitle of Records (	(if known):	Date of Records (if known):	
		and any additional information that wil re to provide information sufficient to i	
	I certify that any lists of indivio records will not be used for co	duals obtained through this request for ommercial purposes, per RCW 42.56.07	public 0(9).
	Sigi	nature	Date
		Staff Use Only	
Date Received:		Approved (Y/N)	
	Clerk Signa	ture	Date
		Completed	
Date:			