REQUEST FOR PUBLIC RECORD

Name of Requester: ________________________________ Phone Number: ____________________________

Mailing Address: __________________________________________ Date Requested: ________________________

_________________________________

PUBLIC RECORDS REQUESTED

Public record(s) requested:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

REQUESTER READ AND SIGN

I understand that if a list of individuals is provided to me by the Spokane Conservation District, it will neither be used to promote the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or give or provide access to material to others for commercial purposes as prohibited by RCW 42.17.260(7)

I understand that I will be charged $ .25 cents per copy for all standard size copies I desire and that other size publications are available at cost.

Requester’s Signature: ________________________________

SCD Authorized Signatory

Acknowledgment of Receipt

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Authorized Signatory

Recipient’s Signature