

Everett Public Facilities District

2000 Hewitt Avenue Everett WA 98201

Public Disclosure Information Request Form \$.15 per page for cost of copying (Title 42 R.C.W.)

Requestor's printed name:	and/or
Business Name:	
Address:	
Email address:	
Phone number:	
NOTE: If your phone has a block on it we cannot contact you. Please contact us after five	(5) business days.
Signature:	
Allow me to:InspectRequest a copy of the following records:	
Please be specific	
If record(s) concern individual(s) other than requestor, please state.	
Is/are the requested record(s) to be used for commercial nurnose?	no