



**LAKE CHELAN RECLAMATION DISTRICT
PUBLIC RECORDS REQUEST FORM**

Date: _____

Name: _____

Address: _____

Telephone: _____

Email Address: _____

Preferred Method to Receive Records: _____

Please note not all public documents are available in electronic format. If the document(s) requested are not available electronically, we will make them available for inspection or by paper copy in accordance with the Public Records Law.

Please describe the Records Requested: _____

Many requests for inspection or copying of public records can be completed by the close of the next business day following the day the request is made. If your request is not complicated and the record readily available, it may be processed at the time it is received. In some circumstances the processing of your request or an official response to your request may take up to five (5) business days. The department cannot respond to your request to inspect or copy a record unless this form and declaration of non-commercial use is completed. If you have questions, please ask one of our employees. Thank You.