



**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:  Inspect  Request 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 purpose?  yes  no