



Request for Disclosure of Sudden Valley Records

Note to Requester: This form is not to be used to request information. It is to be used to request inspection of those types of records which are required by law to be made available to members. Records Requests are subject to SVCA's Records Request Policy (the "Records Policy"), RCW 64.38.045 and RCW 24.03.215.

Instructions:

1. Complete this form in its entirety and deliver to the General Manager in person or via e-mail at office@suddenvalley.com. Incomplete forms will be rejected.
2. SVCA charges for records requests as allowed by law and in the amounts set forth in the Records Policy. Requesters are required to pay an advance deposit for the expected charges. Failure to pay the deposit will result in closure of the request without further action.

Name of Requester: _____

Division: _____ **Lot:** _____

Mailing Address: _____

Physical Address: _____

Email Address: _____

Phone Number: _____

Records Being Requested: _____ _____ _____

Verification: By signing below, the undersigned hereby certifies that (please check all boxes that apply):

- This request to review Records is made in good faith and for a proper purpose.
- The undersigned will agree to reasonable restrictions required by the Board on the use or distribution of Records.
- This request is directly connected with a proper purpose.
- The requested Records will not be used for a commercial purpose.

Signature

DATE: _____

--- Below This Line Staff Use ---

Date of Request:
Date Copies Made:
Date Provided:
Date Item(s) Returned:

Request Made:
<input type="checkbox"/> in Person
<input type="checkbox"/> by Mail
<input type="checkbox"/> by E-mail
Attach Request

Records are for:
<input type="checkbox"/> Private Use <input type="checkbox"/> Public Use

Amount of Deposit Charged: _____

Date Deposit Received: _____

Billable Time: _____

Charges

Amount Due: \$ _____

Less Deposit: \$ _____

Balance (or refund): \$ _____

Forms Released by (print): _____ Signature: _____

Date: _____

Approved by (Print): _____ Signature: _____

Date: _____

SVCA: 4 Clubhouse Circle, Bellingham, WA 98229 Ph: (360) 734-6430 Fax: (360) 734-1915