

# WAHKIAKUM PUD PUBLIC RECORDS REQUEST FORM

Requester's Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Describe the specific records you are requesting and provide any additional information to help locate the records, such as author, recipient, title, and pertinent dates. Attach additional pages if necessary.

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After requested records are retrieved, I would like to:

- Inspect the records at the Wahkiakum PUD office
- Receive hard copies via (select one):  MAIL or  PICKUP
- Receive electronic copies via email
- Or other (specify: \_\_\_\_\_)

Costs may be imposed in accordance with RCW 42.56.120.

*If my request is for a list of individuals, I certify under penalty of perjury under the laws of the state of Washington that the information obtained through this request will not be used for commercial purposes.*

\_\_\_\_\_  
Signature Date

FOR USE BY PUBLIC RECORDS OFFICER – DO NOT WRITE BELOW THIS LINE

Response	Date	Initials	Notes
Date Received:	_____	_____	_____
Five-Day Notice Sent	_____	_____	_____
First Installment	_____	_____	_____
Completing Request	_____	_____	_____
Other Installments	_____	_____	_____
Response Completed	_____	_____	_____

*If exemptions are claimed, complete Exemption Log*