



Public Utility District No. 1 of Lewis County  
 PO Box 330 / 321 NW Pacific Ave  
 Chehalis, WA 98532  
 Phone: 360-748-9261 Fax: 360-740-2455  
 www.lcpud.org

# REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Request No. \_\_\_\_\_

## INSTRUCTIONS:

Requestor completes Sections A and B and returns it to the Public Records Office at the address listed above. Once the Request for Public Records is received by the PUD, Sections C, D, E, F and G will be routed to the appropriate PUD department for processing.

Within five business days of receiving a public records request, the District will respond by either (1) providing the record; notifying you of availability, (2) acknowledge receipt of request and provide a reasonable estimate of time for records availability (the District may ask for clarification of request) or (3) denying the request explaining if the record or a portion of the record not released due to a legal exemption.

### SECTION A: Requestor Information

Requestor Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Whom are you requesting this information for? (please check one)

Self     Other    Whom are your representing \_\_\_\_\_

### SECTION B: Records Request Information

Please list the records you are requesting (be as specific as possible)

This request is to:     Inspect and/or     Receive a copy of the records described above

#### Limitations On Use For Commercial Purposes

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. "Commercial purposes" mean that the person requesting the records intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. By signing below, you are certifying that the lists of individuals obtained through this request for public records will not be used for commercial purposes. Furthermore, by signing below, you agree to pay reasonable costs for providing copies of public records per Lewis County PUD's fee schedule (RCW 42.56.120, RCW 42.56.070), plus cost of mailing (if applicable).

Requestor's Signature \_\_\_\_\_

Date of Request \_\_\_\_\_

**SECTION C: Lewis County PUD's Review (For PUD Use Only)**

Date Received Request \_\_\_\_\_

Request Received By (name and title): \_\_\_\_\_

**SECTION D: Review (For PUD Use Only)**

Approved by PRO  
 Denied by PRO

If denied in whole or in part, state the exemption and why records are being redacted.

Legal Review Required?  Yes  No

PRO's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Approved by Attorney  
 Denied by Attorney

If denied in whole or in part, state the exemption and why records are being redacted.

Attorney's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION F: Exempt Documents (For PUD Use Only)**

Document Title	Date	Author/Recipient	Exemption/Basis	# of Pgs

**SECTION G: Charges (if applicable) (For PUD Use Only)**

Page Count \_\_\_\_\_ Copy Charge \_\_\_\_\_ Postage Charge \_\_\_\_\_

W.O. No. \_\_\_\_\_

**Total**

Submitted to Accounting Date \_\_\_\_\_ Initials \_\_\_\_\_

Invoice No. \_\_\_\_\_

Notified Requestor       Payment Received       Mailed       Faxed  
 Picked Up       E-mailed

Date \_\_\_\_\_ Initials \_\_\_\_\_      Date \_\_\_\_\_      Date \_\_\_\_\_ Initials \_\_\_\_\_