

**Public Utility District No. 1 of Pend Oreille County**  
**PO Box 190, 130 N. Washington Avenue, Newport, WA 99156, 509-447-3137**

**PUBLIC RECORDS REQUEST FORM**

Instructions: 1. Complete and Sign Section A  
 2. Return completed form to Pend Oreille County PUD

<b>SECTION A – PUBLIC RECORDS REQUEST INFORMATION</b>			
<b>Requestor Name</b>	<b>Phone Number</b>	<b>Request Date</b>	
<b>Mailing Address</b>	<b>City/State</b>	<b>Zip Code</b>	<b>E-mail Address</b>
<b>This is a request to:</b> <input type="checkbox"/> Inspect and/or <input type="checkbox"/> Receive a copy of the records described below:			
If requesting copies, in what format would you like to receive them?			
<input type="checkbox"/> Receive Electronically (if available electronically) <input type="checkbox"/> Send Hard Copy via US Postal Service/Fed Ex <input type="checkbox"/> Via E-mail <input type="checkbox"/> Compact disc (Charges may apply) <input type="checkbox"/> Pick up at: <input type="checkbox"/> Newport Office or <input type="checkbox"/> Box Canyon Office			
Description of documents requested (Please describe in sufficient detail to permit records to be located):			
I certify that if the Public Records Request involves lists of individuals, the information will not be used for commercial or profit-expecting purposes or activities.			
I agree to pay reasonable costs per Pend Oreille County PUD's fee schedule, plus the cost of mailing (if applicable)			
_____		_____	
(Signature)		(Date)	
<b>SECTION B – DISTRICT USE ONLY</b>			
1. <input type="checkbox"/> Request Granted <input type="checkbox"/> Record Withheld <input type="checkbox"/> Record Withheld in Part			
2. If withheld, in whole or in part, state the applicable exemption and why the entire record or portions of the record are being redacted. _____			
3. Date / Time of Response:    Date: _____                      Time: _____			
<b>Request ID No. :</b>	<b>Request was made:</b> <input type="checkbox"/> In person <input type="checkbox"/> By Fax <input type="checkbox"/> By Mail <input type="checkbox"/> By E-mail		
<input type="checkbox"/> Assigned ID and Entered into Log	<input type="checkbox"/> Requestor notified records are available for review		
<input type="checkbox"/> Clarification Requested	<input type="checkbox"/> Responsive records provided in installments		
<input type="checkbox"/> Scanned and Saved to Electronic file	<input type="checkbox"/> Deposit requested		
<input type="checkbox"/> Sent via e-mail to Department/staff involved	<input type="checkbox"/> Copies prepared		
<input type="checkbox"/> Reviewed/Processed exemptions and/or redactions	<input type="checkbox"/> Payment received		
<input type="checkbox"/> Third Party Notifications made (if privacy issues are involved)	<input type="checkbox"/> Copies Mailed		
<input type="checkbox"/> Notification of time extension	<input type="checkbox"/> Closing Letter		
<b>Comments:</b>			