

**Public Utility District No. 1 of Klickitat County
Public Disclosure
Request for Information Form**

Date: _____ Time: _____

Name of person requesting information

Phone Number

Mailing Address

Reason for Request: _____

Records Requested:

- Personal Records Records concerning other individual(s)

Name of "other" individual(s)

Title of Record(s): _____

Action Requested:

- Inspection Copy
 Other (specify): _____

Authorizing Document:(attach if possible)

- Legal Subpoena
 Other (specify): _____

Signature of person requesting documents

This Section to be completed by PUD

- Your request has been received and is being processed
- Your request has been denied (See remarks)
- The requested record is available. Please submit \$_____ to obtain a copy
- Additional information is required in order to respond to your request. (See remarks)
- The record requested is exempt from inspection under the law. (See reason for denial below)
- Klickitat PUD does not have the requested record (See remarks)
- Other: _____

Remarks: _____

Notification of Final Response by KPUD:

Date: _____ Time: _____

Name of PUD employee responsible for notification

Notified in person
I hereby certify that notification of final response by KPUD was received by me in person.

(x) _____
Signature of person requesting record(s)

Notified by mail _____
(Mailing Address)

PUD Employee Certification:

I hereby certify that notification of final response by KPUD was carried out as stated above:

(x) _____
Employee Signature