



KITTITAS COUNTY PUBLIC UTILITY
DISTRICT #1
 PUBLIC RECORDS REQUEST
 RCW 42.56

Date:	Name of Requester:
Address:	City: State: Zip Code:
Phone: Email:	I wish to: <div style="display: flex; justify-content: space-around;"> Inspect records Receive a copy </div>
Request made: in Person by phone by Fax by Email by mail	

To assist the KCPUD in answering your request accurately and promptly, please identify the records you wish to inspect by referring to a title, name, date of incident, identification number and/or description. If copies are needed, please indicate which file(s) you would like copied.

(Signature)

Please fill in and sign your name below if applicable:

I, _____ affirm under penalty of perjury that my request is not for commercial purposes. This is only required if the request includes a list of individuals. I understand the use of public records containing lists of individuals for a **commercial purpose violates** Washington State Law and the privacy of the individuals. *“Commercial Purposes”* means contacting or affecting such individuals to facilitate, in any manner, for a profit-making activity. A request for a list of individuals where this is not signed will be denied as per RCW 42.56.070(9).

(Signature)

For KCPUD Office use only:

Received by:	Legal Review Required: Yes No
Request Approved: Yes No	Date of Completion: _____ Cost: \$_____
Delivered: Mail Fax Email Hardcopy	Comments: