



# PUBLIC RECORDS REQUEST FORM

OFFICIAL USE ONLY

Date Stamp:

Request Made:

- In Person
- By Phone
- By Email
- By Mail

Received By: \_\_\_\_\_

## Requestor Information:

NAME:	PHONE:
ADDRESS:	FAX:
CITY, STATE, ZIP:	EMAIL:

## Description of Public Record(s):

Please identify the title(s) of the specific record(s) being requested or give a specific description.

---



---



---



---

## Requested Format:

- View On Site
  Mail Printed Copy
  E-Mail
  Pick Up in Person

PUD Location For Viewing Or Pick UP :
Mailing Address:
E-Mail Address:

Please allow 5 business days for an initial response to your request. Some requests will take additional time to fully respond. *RCW 42.56.520*

I agree to pay all copy charges pursuant to Mason County PUD No. 3 fee schedule. *RCW 42.56.120*

I certify the information obtained will not be used for commercial purposes. *RCW 42.56.070(9)*

Your request can be mailed to **PO BOX 2148, Shelton, WA.**, Emailed to [Records@masonpud3.org](mailto:Records@masonpud3.org), or **hand delivered to a Mason County PUD No. 3 office.**

For assistance please call our Records Specialist at **(360) 426-8255 x 5269.**

\_\_\_\_\_  
Requester's Signature & Date

OFFICIAL USE ONLY

No Responsive Record
  The Record is Exempt or Portions are Exempt (see attached exemption log)

Responsive Documents were -  Mailed,  Faxed,  Emailed,  Picked Up      Fees Due \$ \_\_\_\_\_ Paid

Completed By: \_\_\_\_\_

Date: \_\_\_\_\_