



PUD NO. 1 OF CLALLAM COUNTY
ATTN: PUBLIC RECORDS OFFICER
P.O. BOX 1090 2431 E. HWY 101
PORT ANGELES, WA 98362
FAX: (360)452-9338

REQUEST FOR PUBLIC RECORDS

Requestor Name: _____

Address: _____

Phone: _____ Email: _____

Describe the records you are requesting, being as specific as possible to avoid delays in processing your request. A list of the District's current copying fees is attached. Please state if you would like your response by hard copy, fax or email.

Four horizontal lines for describing the records request.

Request response by: Hard copy (pick up ___ mail ___) Fax # _____ Email _____

Note: Information provided shall not be used for commercial purposes.

Signature of Requestor: _____ Date: _____

FOR DISTRICT STAFF USE ONLY

Action on request must be taken within five (5) business days (RCW 42.56.520)

Request made by: [] Fax [] In Person [] Writing [] E-mail

Request received by: _____ Date: _____ Time: _____

Action Taken:

[] Request Granted Mailed: _____ Picked Up: _____

[] Request Denied Reason: _____

[] Other Comments: _____

Pages provided to Requestor: _____ Total Cost: _____ [] Paid [] Invoiced

Documents provided by: _____ Date: _____

Copying Fees:

8 ½ x 11, 8 ½ x 14, and 11 x 17, Single or Double Sided – first 5 pages – no charge, additional pages \$.15 each

CD - \$5.00

Drawings and Maps – \$.15 per square foot

Additional fees for postage will be added as necessary.

Prices subject to change

Costs for responses by fax or email will be addressed on an individual basis.