



**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: _____ Inspect records    _____ Receive a copy
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.

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\_\_\_\_\_  
(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: