



PUBLIC RECORDS REQUEST

Public records request must be made through Public Utility District No. 1 of Kitsap County's public records officer:

Corine Vichi, Public Records Officer
Kitsap PUD No. 1
P. O. Box 1989
Poulsbo, Washington 98383

Phone: 360.626.7656 extension 7709
Facsimile: 360.779.3284
E-mail: cvichi@kpud.org

Date of Request: _____

Name, Address and Telephone Number of Requestor (please print):

Phone: _____

E-mail Address of Requestor: _____ Title of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (Department, if known): _____

**Please provide a brief description of records you are requesting.
Failure to provide sufficient information to identify the records may cause delay.**

Within five (5) business days of receiving a public records request, KPUD #1 will respond by either (1) providing the record; (2) acknowledging that the request has been received and providing a reasonable estimate of the time required to respond to the request; or (3) denying the request.

Public records are available for inspection at the KPUD offices during regular business hours (8:00 a.m. to 4:30 p.m.) Monday through Friday, excluding Holidays. **There is no charge for inspection.**

**I understand there is a \$0.15 per page fee duplication of these specific records.
I agree to prepay duplication charges associated with my request.**

- I wish to have copies/ duplicates of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Mailed.
- Pick up in person.
- E-mailed (Contact will be made for other arrangement for files too large to e-mail.)

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.56.070(9).

Signature

Date

FOR KPUD STAFF USE ONLY:

Date Received: _____ Date Reply Sent _____
Comments: _____
Request Denied: ___ Yes ___ No Copies Provided: ___ Yes ___ No Fee \$ _____ Total \$ _____
Dated Completed: _____ Request Completed By: _____