



PUBLIC UTILITY DISTRICT NO. 1 OF FERRY COUNTY

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 REPUBLIC, WA 99166
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BOARD OF COMMISSIONERS
 DISTRICT NO. 1 CHRIS A. KROUPA
 DISTRICT NO. 2 DAN L. FAGERLIE
 DISTRICT NO. 3 DOUG R. AUBERTIN

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

INSTRUCTIONS:

Requestor completes Section B, signs, and returns to the PUD's District Auditor.
 by mail: 686 S Clark Ave Republic, WA 99166 or email: snush@fcprud.com

SECTION A: FOR PUD USE ONLY
Date Received

This completed form is an open public document and may be released to any requestor.

Refer to PUD #1 of Ferry County's Public Records Request Fee schedule for applicable charges.

SECTION B: Requestor/Records Request Information

Requestor Name:	Phone Number:	Email Address:		
Address:	City:	State:	Zip:	
I wish to <input type="checkbox"/> inspect <input type="checkbox"/> receive a copy of the following specific record(s)		Preferred Method of Response:		
		<input type="checkbox"/> in person <input type="checkbox"/> by phone/fax <input type="checkbox"/> by mail <input type="checkbox"/> by email		
If record(s) concern individual(s) other than requestor, please state name(s):		If this request is for a list of individuals, is the list to be used for commercial purposes? Yes No		
Signature of requestor. By signing you agree to pay applicable charges associated with this request.			Date of Request:	

SECTION C: FERRY COUNTY PUD Response

<input type="checkbox"/> ALLOW ACCESS	Applicable Charges:	\$
<input type="checkbox"/> WE DO NOT HAVE RECORD(S)		
<input type="checkbox"/> DENY ACCESS The records you have requested are legally exempt from public disclosure by the following authority:		

SECTION D: Requestor Notification

Person contacted:	Date:	Time:
<input type="checkbox"/> by mail <input type="checkbox"/> by phone <input type="checkbox"/> in person <input type="checkbox"/> by email	I made the district's final response as stated. Signature:	