

- Instructions: 1. Complete and Sign Section A
 2. Return Completed form to Grant County PUD

SECTION A – PUBLIC RECORDS REQUEST INFORMATION

Requestor Name		Phone Number	Request Date
Mailing Address	City/State	Zip Code	Email Address

This is a request to : Inspect and /or Receive a copy of the records described below:

If requesting copies, in what format would you like to receive them?

- Receive Electronically (If available electronically) Send Hard Copy via US Postal Service/Fed Ex
 Via Email **Compact Disc** (Charges may apply) Pick Up at Ephrata Main Office

Description of documents requested (Please describe in sufficient detail to permit records to be located):

I certify that if the public records request involves lists of individuals, the information will not be used for commercial purposes.
 I agree to pay reasonable costs per Grant County PUD's fee schedule, plus the cost of mailing. *(if applicable)*

 (Signature)

 (Date)

SECTION B – DISTRICT USE ONLY

1. Request granted Record Withheld Record Withheld in Part
 2. If withheld, in whole or in part, state the applicable exemption and why the entire record or portions of the record are being redacted. _____
 3. Date / Time of Response: Date: _____ Time: _____

Request ID No. : _____ **Request was Made:** **In Person** **By Fax** **By Mail** **By Email**

- | | |
|--|--|
| <input type="checkbox"/> Assigned ID and Entered into Log | <input type="checkbox"/> Requestor notified records are available for review |
| <input type="checkbox"/> Clarification Requested | <input type="checkbox"/> Responsive records provided in installments |
| <input type="checkbox"/> Scanned and Saved to Electronic File | <input type="checkbox"/> Deposit requested |
| <input type="checkbox"/> Sent Via Email to Security Coordinator | <input type="checkbox"/> Copies Prepared |
| <input type="checkbox"/> Sent Via Email to Departments/Directors Involved | <input type="checkbox"/> Copy Charge Sheet Prepared |
| <input type="checkbox"/> Reviewed/Processed Exemptions and/or Redactions | <input type="checkbox"/> Payment Received |
| <input type="checkbox"/> Third Party Notifications Made (if privacy issues are involved) | <input type="checkbox"/> Copies Mailed |
| <input type="checkbox"/> Notification of Time Extension | <input type="checkbox"/> Closing Letter |

DATE	COMMENTS	INITIALS