SECTION I:
Name of Requestor
Address
Telephone

SECTION II:
Records Requested: (Titles)
1. 
2. 
3. 
Are records concerning individual other than requestor? **YES**  **NO**
If so, give name of Individual
ACTION REQUESTED:
Inspection  Copy  Other  
AUTHORIZING DOCUMENT:
Legal Requirement  Subpoena  Other  
Signature of Requestor
If not present for signature, how was request taken?  Phone  Mailed
Request Received by:  Referred to
SECTION III: District Response
__________ Request received and is being processed
__________ The Record(s) you requested is attached
the sum of $ for copy Charge
__________ The Record(s) you requested is exempt from inspection under the law
__________ We do not have the record your requested
__________ We need addition information to respond to your request
Remarks:

310 Four Corners Rd. Port Townsend, WA 98368 (360)385-5800 FAX (360)385-5945  jeffpud.org
Public Utility District No.1 of Jefferson County is an Equal Opportunity Provider and Employer
SECTION IV: Final District Response

Access authorized  Yes or No  Access Denied  Yes or No
Authorized by:  ___________________________  Title  ___________________________
Date of Access  ___________________________
Time of Access  ___________________________
Person Notified by: Mail  ______  Phone  ______  In Person  ______
Notice mailed to:  ___________________________

Denied, Reason for Denial:  ___________________________

_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________
_________________________________________________

_________________________________________________, certified that notification of final district response was received.  Dated  ___________________________