Item No._____

Thurston Public Utility District
921 Lakeridge Way SW, Suite 301
Olympia, WA 98502

REQUEST FOR PUBLIC RECORDS

PLEASE PRINT CLEARLY

Date of Request:

Requester Name:

Requester Address:

Street *Suite/Apt.*

City *State* *Zip*

Email Address:

Phone Number:

Request Made: [ ] In Person [ ] In Writing [ ] Telephone [ ] Fax [ ] Email

How would you prefer to be notified when the records are available?
[ ] In Writing [ ] Telephone [ ] Fax [ ] Email

DESCRIPTION OF REQUEST:
(Be specific: include address and owner of property, file name or number, time period, incident location and date, etc.):

Is the information requested a **list of individuals** to be used for a mailing list for commercial purposes? ❑ Yes ❑ No If yes, please complete the additional form found on page 2.

Signature of Person Making Request