Seattle City Light

Document Request Form

Submit form to: Boundary Relicensing Information Request ATTN: Barbara Greene
Seattle City Light, 700 5th Ave, Suite 3300 PO Box 34023
Seattle, WA 98124-4023

Requester's Information	**Employer/Client Information**
Requester's Name/Title:	Name of Entity on whose behalf request is being made:
Requester's Address:	Entity's Address:
Requester's Phone #:	Entity's Phone #:
Description of Information Requested:	
Statement explaining need and intended use of information:	
Signature:	Date: