



Seattle Public Utilities  
 700 Fifth Avenue, Suite 4900  
 P.O. Box 34018  
 Seattle, WA 98124-4018  
 Phone 206-733-9836, Fax 206-470-6868

**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Requester's Name: \_\_\_\_\_

Organization/Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City Stat Zip

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe in detail the records being requested, such as office, author, subject, or dates.

Documents for (check one):                      Copying                      In-house review

The copying fee is 15 cents per page for standard black-and-white copies. Other rates may apply for other sizes, color copies, digitizing, and mailing.

*I hereby declare, under penalty of perjury under the laws of the State of Washington, RCW 42.56.070(9), that should my request contain a list of individuals, the information obtained through this request will not be used for commercial purposes.*

Check mark or signature

Date

FOR OFFICIAL USE ONLY
Date Received:
Received By:
Request Number: