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|  | Seattle Public Utilities700 Fifth Avenue, Suite 4900P.O. Box 34018Seattle, WA 98124-4018Phone 206-733-9836, Fax 206-470-6868 |

**Request for Disclosure of Public Records**

Requester’s Name: \_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_

 Street City Stat Zip

Phone: (Day) (Evening) \_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.*

Signature of Requester Date

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