

COAL CREEK UTILITY DISTRICT
6801 - 132nd Place SE, Newcastle, WA 98059
Phone: 425-235-9200
Email: customerservice@ccud.org

REQUEST TO REVIEW PUBLIC RECORDS

Name: _____ **Company/Org:** _____
Address: _____
Telephone: _____ **E-Mail:** _____
Date of Request: _____

I. Describe Public Records Request: *(Please be specific in describing the record(s) being requested and any additional information that will aid in the location of the record(s) such as title or date of record)*

(Attach additional pages as needed to describe the request.)

Media Format: **Hardcopy:** ___ 8 ½ x 11 ___ 11 x 17 ___ Custom Map ___ Other
 Electronic: To be supplied in native file format (i.e. tif, dxf, shp, pdf, txt, doc, dbf)
Electronic Medium : ___ Email ___ CDROM ___ ftp
Delivery Notification via: Telephone ___ E-Mail ___ Mail ___ Counter Pickup ___

II. District Response and Intended Use:

The District will respond to a records request within five business days of receiving the request by either: (1) providing the record for inspection or copying; (2) providing an internet address and link on the District's website to the specific records requested; (3) acknowledging receipt of the request and providing a reasonable estimate of the time the District will require to respond to the request; (4) acknowledging receipt of the request, asking for clarification of the request, and to the greatest extent possible providing a reasonable estimate of the time the District will require to respond if the request is not clarified; or (5) denying the request. Additional time required to respond to a request may be based on the need to clarify the request, to locate and assemble the records requested, to notify third persons or agencies affected by the request, or to determine whether any of the information requested is exempt and that a denial should be made to all or part of a request.

RCW 42.56.070(9) prohibits disclosure of lists of individuals for commercial purposes. If requesting a list of individuals, please affirm the following statement by checking the box below:

I certify I will not use any requested lists for commercial purposes.

Please check and sign.

- I wish to have copies of the records indicated above. I understand that there will be a charge for duplication of the requested records. A minimum of \$0.15 per page for standard size copies will be charged to the requestor. The requestor may be required to provide a deposit in the amount of ten percent of the estimated cost of providing copies of the records. If the District provides copies of records on a partial or installment basis, the requestor shall pay the copy charge for each installment as it is provided to the requestor.
- I wish to make an appointment to review the records indicated above before copies are made.

Signature

By: _____

FOR DISTRICT USE ONLY

Date Received: _____	Received By: _____	Forwarded to: _____	Responded By (date): _____
Comments/List information provided: _____			

Request was satisfied: Yes ___ No ___ **Denied for the following reason:**

Date Completed: _____	District Representative: _____	
Charges: U.S. Mail or UPS _____ \$0.15 (up to 11" by 14") _ _____ Non-Standard Copy Charge _____ Electronic Records Charge _____ Other _____		Mailing: _____ Subtotal: _____ # Copies: _____ Subtotal: _____ # Copies: _____ Subtotal: _____ # Copies: _____ Subtotal: _____ # Copies: _____ Subtotal: _____ Total: _____ Receipt No. _____