



REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

By filling out this form, you are helping us keep track of our records.

PLEASE PRINT YOUR ANSWERS.

Your name: _____

Date of request: _____ Time of request: _____

Please identify with reasonable particularity the record being requested:

- This is a request:** to allow me to inspect the record.
 to provide me with a copy of the record at \$0.15 per page. I understand that I must pay the copying fee before the record will be copied. Maps base fee is \$10.00 per request. Additional charges may apply.

Staff time Fees for staff time required to fulfill a Public Records Request shall not exceed:
\$40/hour for Administrative and support staff
\$55/hour for Professional staff
\$75/hour for Managerial staff

Any applicable legal fees: at the actual hourly rate charged for Public Records Request-related services.

Note: Requests for fee-reduction or waiver will be evaluated on a case-by-case basis based on:

- The information provided by the requester; and
- The totality of circumstances at the time of the request. Previous requests and evaluations will not be considered as part of the evaluation.

Thank you for your cooperation in completely filling out this form.

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

Name of person receiving request: _____

Date request received: _____ *Time:* _____ *AM / PM*

*Signature of Northern Wasco County PUD
Supervisor authorizing disposition:* _____

Disposition of request:

Disposition date: _____ *Time:* _____
AM / PM

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