

## **REQUEST FOR PUBLIC RECORDS**

ate of the Request:			ate, etc.).			
lame:						
Address:						
Phone Number:	Ema					
When records are available, please	notify me by (Check one):	Mail	Phone	Email	Fax	
request copies of the following pu	blic records:					
Requestor Signature				Date		
	est to: Skagit PUD at 1415 Fr	eeway Drive, P.C	). Box 1436, Mt.	. Vernon, WA	98273	
Mail, email or fax this requ	<b>5</b>	-				
Mail, email or fax this requ	Email: PUD@skagitpud.org	Fax (360) 416	0-0332			
Mail, email or fax this requ	Email: PUD@skagitpud.org PUD STAFF – FILI					
Mail, email or fax this request:	PUD STAFF – FILI		Date:			
		L OUT BELOW				
Person Receiving Request: Request Made: Response Sent:	PUD STAFF – FILI	L OUT BELOW	Date: <b>Email</b>			
Person Receiving Request: Request Made:	PUD STAFF – FILI	L OUT BELOW Fax	Date: <b>Email</b> Date:			