

PUBLIC RECORDS REQUEST FORM

NAME:	DATE:
TELEPHONE:	E-MAIL:
ADDRESS:	
CITY:	STATE: ZIP:
Description of records requested (please be as specific as possible):	
☐ I wish to have copies made (prepayment may be required) ☐ I wish to review the records before copies are made ☐ Mail records (prepayment required) ☐ Call me— will pick up records	
I certify any lists of individuals obtained through this request will not be used for commercial purposes.	
Signature:	
Submit completed form to: Clatskanie PUD Attn: Custodian of Records PO Box 216 495 E. Columbia River Highway Clatskanie, OR 97016 Phone (503) 728-2163 Fax (503) 728-2812	
FOR DEPARTMENT USE ONLY:	
Date received:	Staff:
Date completed:	Staff:
Copies Provided:	Total: \$
Request Denied:	
Reason:	
Comments:	