

Return To:  
West Sound Utility District  
2924 SE Lund Avenue  
Port Orchard, WA 98366

**“EXHIBIT A”**

**WEST SOUND UTILITY DISTRICT  
REQUEST FOR PUBLIC RECORDS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Full name(s) of Requesting Person(s): \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

Description of Records sought (Please be as specific as possible as to what you seek):

I, the above identified person(s), certify that the information obtained through this Request for Public Records will not be used for commercial or illegal purposes.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

***FOR DEPARTMENT USE ONLY:***

Action Taken on Request, and Reason taken on action if request denied in whole or part:

Name of Person Taking Action: \_\_\_\_\_

Date Action Taken: \_\_\_\_\_

Staff time to Copy: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Total Copy Charge: \_\_\_\_\_ at 15 cents per page;

Total Staff Charge: \_\_\_\_\_ at \$25 per hour after the first 15 minutes.

TOTAL CHARGE: \_\_\_\_\_

*Questions regarding the State Public Disclosure Law shall contact Customer Service Manager:*

*Sue Fowler  
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(360)876-2587 fax  
[sfowler@wsud.us](mailto:sfowler@wsud.us)*