



Public Utility District No. 1 of Franklin County  
Public Records Department  
1411 W. Clark / PO Box 2407  
Pasco, WA 99302-2407  
Phone 509-546-5947  
Fax 509-546-5972  
Email [publicrecords@franklinpud.com](mailto:publicrecords@franklinpud.com)

**Public Records Request by Law Enforcement Agency**

**Public Utility District No. 1 of Franklin County (the "District")** is governed by Title 54 of the Revised Code of Washington, and is subject to Washington State laws pertaining to the release of public records.

This document is provided to allow law enforcement agencies to obtain disclosure of public records in accordance with Resolution 1263 and Washington State Public Records Act. Authorized law enforcement representatives are required to provide proper identification and sign this form acknowledging the records being requested are being obtained pursuant to the requirements of the Washington State Public Records Act.

For further information, please contact Rosario Viera, Public Records Officer at phone number 509-546-5947 or email [publicrecords@franklinpud.com](mailto:publicrecords@franklinpud.com).

Requester's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Identification Provided: \_\_\_\_\_

Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please identify the records being requested:

**Legal Process Requirements:** The following types of records, or portions thereof, will require a signed warrant and/or subpoena for processing: customer records containing banking information, including routing numbers, social security numbers, and credit card numbers. (This list may not be all inclusive.)

**Requester must review and sign prior to record/information being provided:** This request for customer information from the District is being made pursuant to Washington State Public Records Act. Upon signing this statement, the Requester acknowledges that the above information is being requested because they suspect that the particular person to whom the records pertain has committed a crime. The Requester further states that there is reasonable belief that the records being requested could determine or help determine whether their suspicion might be true.

Requester's Signature \_\_\_\_\_

*FOR OFFICE USE ONLY*

Event	Dated	Initials
Date Received:	_____	_____
Reviewed by Manager and General Counsel:	_____	_____
Five-Day Notice Sent:	_____	_____
Date For First Installment:	_____	_____
Date For Completing Request:	_____	_____
First Installment Provided:	_____	_____
Other Installments Provided:	_____	_____
Request Satisfied:	_____	_____
Request Denied:	_____	_____

<b>Public Records Provided</b>		
Date Request Received	_____	Date Completed _____
Number of Pages	_____	x\$ .15 = + \$ _____
Other Fees	_____	+ \$ _____
<b>TOTAL CHARGE</b>	<b>\$</b> _____	

<b>Public Records Not Provided</b>				
<input type="checkbox"/> Requested Documents Not Found <input type="checkbox"/> Documents or Portions of Documents Exempt (See Log Below)				
The District is refusing to allow inspection or copying of some or all of the requested documents described on the first page of this request form. Access to the requested public record is denied for the reason provided below				
<b>EXEMPTED DOCUMENTS</b>				
Document title	Date	Author/ Recipient	Exemption/basis	# of pg

Please forward the completed request and all records provided to the Public Records Department.