

Policy No: LGL-33  
Revision No: 3  
Effective Date: 08/23/22

**REQUEST FOR DISCLOSURE  
OF PUBLIC RECORDS  
BY LAW ENFORCEMENT AGENCY**



**Franklin PUD  
Attn: Public Records Officer  
1411 W. Clark St. / PO BOX 2407  
Pasco, WA 99302**

**Email: [Publicrecords@franklinpud.com](mailto:Publicrecords@franklinpud.com)**

**Phone: 509-546-5947**

This form is provided to allow law enforcement agencies to obtain disclosure of public records in accordance with the Washington State Public Records Act, and the District's Resolution 1263, Customer Privacy.

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 the Public Records Officer at 509-546-5947 or email [publicrecords@franklinpud.com](mailto:publicrecords@franklinpud.com).

**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 is all inclusive.)

**Requester Information:**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Type of Identification Provided to District: \_\_\_\_\_

Law Enforcement Agency: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Requested Records Information:** *(please identify the records information being requested).*

**Requester must review and sign prior to record/information being provided:** This request for customer information from the District is being made pursuant to the 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 \_\_\_\_\_

PR Request No. \_\_\_\_\_ (internal use only)

*Please forward the completed request to the [publicrecords@franklinpud.com](mailto:publicrecords@franklinpud.com)*