

Snoqualmie Pass Utility District Request for Public Records

Return to: Snoqualmie Pass Utility District

PO Box 131
Snoqualmie Pass WA 98068

email: accounting@snopass.org
fax: 425/434-6622

Date: _____ Time: _____

Name: _____

Address: _____

Description of Records: _____

Attach additional pages if necessary

I certify that the information obtained through this " Request for Public records " will not be used for commercial purposes.

Signature

FOR DISTRICT USE ONLY:

Action taken on request: _____

Name of person taking action: _____

Date action taken: _____

Number of copies: _____

Number of pages: _____

Per page charge: \$ _____

Total charge: \$ _____