



SPRINGFIELD UTILITY BOARD

Public Records Request Form

Public accountability and transparency are core values at SUB, and we are committed to responding to public records requests in a timely manner. To assist us in processing your request, please complete this form in full and return as indicated below.

Date: _____

Name: _____ Phone : _____

Address: _____

Description of public records requested: (please be specific)

Signature _____

Date _____

Mail to: General Manager's Office Springfield Utility Board PO Box 300 Springfield, OR 97477	Fax to: 541-746-0230 Attn: General Manager's Office
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Office Use Only	
Cost Estimate: _____	Deposit Amount Required: _____
Date Cost Estimate Mailed: _____	Date Deposit Received: _____
Date Response Mail Available:	
<input type="checkbox"/> Called for pickup _____	<input type="checkbox"/> Mailed _____
<input type="checkbox"/> Emailed _____	<input type="checkbox"/> Faxed _____