BOARD OF PUBLIC UTILITIES
PUBLIC RECORDS REQUEST

To: ________________________________________________________________

BOPU Office: _______________________________________________________

I wish to inspect the following public record(s): __________________________

___________________________________________________________________

___________________________________________________________________

In addition, I wish to request the following:

_______ Photocopies of the above-requested public record(s)

_______ Research on public meetings in which the following subjects were
discussed: ________________________________

___________________________________________________________________

_______ Duplication of electronic recording(s) for the following public
meeting(s): ________________________________

___________________________________________________________________

_______ Records research on the following topic(s): ______________________

___________________________________________________________________

_______ Other: ________________________________

___________________________________________________________________

I agree to pay for the above-requested services as set out in the current administrative fee schedule applicable for services to the general public, businesses and employees (personal use) on file with the Board of Public Utilities. I understand that I will not receive the requested copies until payment has been made.

____________________   ________________________________
Date       Signature
(FOR USE BY BOPU STAFF ONLY)

Disposition of request:

Granted _____ Denied _____ Partial Denial _____

If any part of this request is denied or partially denied, briefly explain the reason:

___________________________________________________________________

___________________________________________________________________

Costs assessed?  (Y)  (N)

Photocopies: __________ copies @ $__________/copy = $________

Tape duplicating: $____________

Staff research time: ______ hours @ $______/hour = $________

Other: $____________

Sales Tax: $________

TOTAL PAYMENT DUE: $____________

Date provided: _________________

Date paid: _____________________

Signature of BOPU Staff

NOTE: All denials must be based on the Public Records Act, Wyo. Stat. § 16-4-201 et seq.