

REQUEST FOR ACCESS TO PUBLIC RECORDS
Submitted to Oroville-Tonasket Irrigation District ("OTID")

The following information is to be filled out by the person requesting records.

Date of Request: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email address of Requester: _____

Type of Record(s) (if known): _____

Date of Record(s) (if known): _____

Location of Record (department, if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

I understand I may review records without charge. I further understand that if I request copies, I must pay OTID's charges as set forth in OTID's Public Records Disclosure Policy. I agree to prepay up to 10% of the charges associated with my request, if required by OTID.

_____ I wish to have copies/duplicates of the records indicated above.

_____ I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

_____ Mailed to me.

_____ Call me and I will pick up in person

_____ Emailed to me.

I certify that any lists of individuals obtained through this request for public records will not be used for commercial purposes, per RCW 42.46.070(9).

Signature

Date

FOR OTID STAFF USE ONLY:

Date Received: _____ Comments: _____

Request Denied: _____ Yes _____ No

Copies Provided: _____ Yes _____ No

Fee: \$ _____ Total: _____

Request Completed by: _____