

Office use only:

Request No.: _____ Date Request Received: _____ By: _____

Columbia Irrigation District Request for Public Records

Please describe the records requested below, providing any additional information that will help us locate them for you as quickly as possible. Use appropriate document title and date, if known.

I prefer to:

- Inspect the record at no charge
- Receive a copy or copies after paying required fee
- Inspect the records first then consider selecting records to be copied for a fee

Washington State law, RCW 42.56.070(9), prohibits the use of lists of individuals for commercial purposes. If I or someone else uses these records for commercial purposes I may violate the rights of the individuals named and I may be liable for damages. "Commercial purposes" means that the person requesting the record intends that the list will be used to communicate with the individuals named in the record for the purpose of facilitating profit-expecting activity. I certify the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature Date

Printed Name

Requester Contact Information:

Name

Phone Number

Address

City, State, Zip

E-mail Address

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Receipt No.: _____ Date Completed: _____ Presented by: _____

Within five business days of the request, the District will respond by: (1) making the records available for inspection or copying; or, if payment is made or terms of payment are agreed upon, sending the records to the requestor; or (2) acknowledging the receipt of the request and providing a reasonable estimate of time the District will require to respond to the request; or, (3) denying the request.

Copies purchased:	Quantity	Cost
8-1/2 by 14 or smaller black and white copies (\$0.15 per page)	_____	\$ _____
8-1/2 by 14 or smaller color copies (\$0.23 per page)	_____	\$ _____
Oversized copies (\$0.25)	_____	\$ _____
Photograph (actual charge from private copy shop)	_____	\$ _____
Postage (No charge unless actual cost exceeds \$4.00)	_____	\$ _____
Fax – 8-1/2 by 11 only (\$1.00 per page)	_____	\$ _____
Other Materials: _____	_____	\$ _____
TOTAL CHARGE (attach receipt)		\$ _____

If the District refuses to allow inspection or copying of a portion or all of the requested documents described on the reverse side of this request form, an exemption log for the documents withheld will be provided.

Documents withheld: Yes/No

Exemption log provided by: _____ Date _____

Notes:

Recipient Acknowledgement:

I have received and reviewed the requested public records and/or exemption log to my satisfaction. If copies were requested, I have received them. I consider this request fulfilled.

Requestor's Signature

Date