REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

REQUESTOR'S INFORMATION

Name _____ Organization _____

Address _____

Phone number(s) _____ Email _____

DETAILED DESCRIPTION OF REQUESTED RECORDS:

FORMAT OF RECORDS REQUEST:

I wish to receive copies of the requested records (costs for copies will vary based on quantity and time required) in the selected format:

- ☐ I would like to have these records provided to me in an electronic format.
- ☐ I would like to have these records provided to me in paper format. (mailing costs may apply)
- ☐ I would like an opportunity to personally inspect requested records. (contact us during regular business hours)

REQUEST SUBMITTED BY:

Signature _____ Date submitted _____

Your signature indicates that you understand that the Santiam Water Control District will respond to your request by email as soon as practicable. You understand that there may be costs related to this request based on the fee structure adopted by the Board, and you are aware that you will be notified by staff if any fees need to be paid in order to complete your request.

Please note: If cost estimate is over $25, notification will be made and pre-payment will be required.

SUBMIT WRITTEN REQUEST TO:

Santiam Water Control District
Mailing address: 284 East Water Street Stayton, OR 97383
Website: WWW.SANTIAMWATER.GOV
Phone (503) 769-2669 Fax (503) 769-5995
Email: office@santiamwater.gov

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