



## REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

### REQUESTOR'S INFORMATION

Date: \_\_\_\_\_ Phone/Fax numbers: \_\_\_\_\_

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

### DESCRIPTION OF RECORDS

\_\_\_\_\_  
License/file no. (if known)  Entire File  Specific documents \_\_\_\_\_

\_\_\_\_\_  
License/file no. (if known)  Entire File  Specific documents \_\_\_\_\_

\_\_\_\_\_  
License/file no. (if known)  Entire File  Specific documents \_\_\_\_\_

*Attach additional list of records, if necessary.*

### COPIES OF RECORDS or CERTIFICATION OF LICENSE HISTORY

I wish to receive copies of the requested records (costs for copies will vary based on quantity):

As ordinary copies  As certified records

### PAYMENT –

I am including payment in the amount of \$\_\_\_\_\_. Make checks payable to *Santiam Water Control District*.

Signature \_\_\_\_\_

### QUESTIONS?

Call: (503) 769-2669