



“RIGHT – TO – KNOW LAW” REQUEST FORM

DATE OF INITIAL REQUEST: _____

NAME: (print clearly) _____

ORGANIZATION: _____

ADDRESS: _____

PHONE NO: _____ FAX NO: _____

EMAIL: _____

DESCRIPTION OF INFORMATION REQUESTED (BE SPECIFIC)

I certify that I am the person listed above, that I will not remove from the office any original information contained in the document or file reviewed and that I understand the photocopy policy and rates and other public review procedures.

(Signature of person requesting information)

(Date Completed)

REQUEST DENIED

(Date Denied)

Reason for denial: _____

Note: Requestor can appeal a denial within 15 business days by letter to CCCD

REQUEST APPROVED

Requestor Category: ___ Commercial ___ Educational ___ Cooperating Agency ___ Other

(Signature of District Manager)

(Date Approved)

Date of Information Access: _____

Fees Collected: _____

Note: Columbia County Conservation District will respond within 5 days of completion of this request.

If approved, the district will contact you to set up an appointment to review the requested records.

6/15

