“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