OAKDALE IRRIGATION DISTRICT

REQUEST FOR INFORMATION

NAME: _____ **DATE:** _____

Business Name, if applicable: _____

Address: _____

_____

Home Telephone Number: _____ Fax Number: _____

Daytime Telephone Number (if different from above) _____

Briefly explain your question(s) as they pertain to Oakdale Irrigation District Policy, Infrastructure, Rights-of Way, Easements, etc., in the space provided below:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

[NOTE: Oakdale Irrigation District will endeavor to meet your needs as soon as possible. However, OID policy states that all written inquiries will be responded to within thirty (30) working days from the date of the request. Duplication costs are $.28 per page.]

FOR OFFICIAL USE ONLY

Issued To (name/department): _____

Issued By (name/department): _____

Date Issued: _____ Date Information Provided: _____