



OAKDALE IRRIGATION DISTRICT

PUBLIC RECORDS REQUEST

Please fill out completely and identify specifically the type of record you are requesting, requests for records must be for clearly identifiable records in the possession of the District and/or for facilities within the jurisdiction of the District. **YOU MUST PROVIDE A NAME, ADDRESS, AND TELEPHONE NUMBER.**

[NOTE: Duplication costs are \$.29 per page; and flash drives are \$19.00. In some instances, advance payment may be required.]

NAME: _____ DATE: _____

Business Name, if applicable: _____

Address: _____

Telephone/Cellular Number: _____ Email: _____

Requested Information: _____

Description of Record: _____

I hereby agree to pay the Oakdale Irrigation District for duplication of the requested records in accordance with *Government Code* section 6253(b).

Signature _____

Date _____

Records Received:

Signature _____

Date _____

OID ADMINISTRATION

Date copies provided: _____ Copies provided by: _____