



# OAKDALE IRRIGATION DISTRICT

## REQUEST FOR INFORMATION

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Business Name, if applicable: \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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*[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 \$.31 per page.]*

### FOR OFFICIAL USE ONLY

Issued To (name/department): \_\_\_\_\_

Issued By (name/department): \_\_\_\_\_

Date Issued: \_\_\_\_\_ Date Information Provided: \_\_\_\_\_