



Pend Oreille Conservation District

Mailing: P.O. Box 465; Physical: 121 N. Washington Ave. Newport, WA 99156

Phone: 509-447-1155

[www.pocd.org](http://www.pocd.org)

[admin@pocd.org](mailto:admin@pocd.org)

## REQUEST FOR PUBLIC RECORD

Name of Requester: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PUBLIC RECORDS REQUESTED

Public record(s) requested:

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\_\_\_\_\_  
\_\_\_\_\_  
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### REQUESTER READ AND SIGN

*I understand that if a list of individuals is provided to me by the Pend Oreille Conservation District, it will neither be used to promote the election of an official or promote or oppose a ballot proposition as prohibited by RCW 42.17.130 nor for commercial purposes or give or provide access to material to others for commercial purposes as prohibited by RCW 42.17.260(7)*

*I understand that I will be charged \$.25 cents per copy for all standard size copies I desire and that other size publications are available at cost.*

*Requester's Signature:*

POCD Authorized Signatory		ACKNOWLEDGMENT OF RECEIPT	
Number of Copies	Amount Received \$	Date of Receipt	Time of Receipt
Authorized Signatory		Recipient's Signature	