

[] This is a request to inspect the records identified above.

[] This is a request for copies of the records identified above.

[] Other: Explain _____

Procedures:

(1) Requestor will submit this completed form by mail, email, or in person to the Public Records Officer using the contact information below.

(2) Within five (5) business days of receiving a request the District will either (A) provide the record; (B) acknowledge that the request has been received and provide a reasonable time estimate it will need to respond to the request; or (C) deny the request.

(3) Additional procedures can be found at the District office located at the address below.

Public Records Officer
Grant County Mosquito Control District No. 1
11905 Rd 4 NE #16
PO Box 5090
Moses Lake, Washington 98837
Phone Number: 509.765.7731
Email: amoser@gcmcd1.org

(To be completed by Public Records Officer or designee)

Request Received: _____ at _____ a.m. /p.m.

By: _____