Grant County Mosquito Control District No. 1 Administrative Records Request Form

Requestor Information:			
Printed Name:			
Last	Firs	t	MI
Request made on behalf of:	☐ Business/Commercial	\square Individual	
Name of Business (if applica	able):		
Address:			
Street	City	State	Zip Code
Telephone:			
E-mail Address:			
Signature:			
Description of Requested R location, date, and type of re			
Reason for Request:			

[] 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

Phone Number: 509.765.7731 Email: amoser@gcmcd1.org

(To be completed by Public Records	on Officer or designee)	
Request Received:	at	_a.m. /p.m.
By:		