Clatskanie Park & Recreation District

Public Records Request Form

Submit this completed request to the **Attention of the District Manager** of the Clatskanie Park & Recreation District by mail at PO Box 737, Clatskanie OR 97016, or email at csp@cni.net

Please fill out each field in the form below to request public records from Clatskanie Park & Recreation District. You will receive a receipt of submittal by email when your request is received.

Requester			Date of		
Name:			Request:		
_	ion Name				
(if applica	ble):				
Mailing					
Address:					
	City		State	ZIP Code	2
Phone:		Email			
			_		
Provide a	detailed description of t	he documents you are	requesting:		
Lroquost	that the documents be p	ravidad in the followin	a format:		
rrequest	tilat tile documents be p	Tovided in the followin	g ioimat.		
☐ I wish	to arrange an opportunit	y to personally inspect t	the requested record	ds.	
☐ I wish	to receive a hard (paper)	copy of the requested i	records.		
☐ I woul	d like to have these recor	ds provided to me an e	lectronic format.		
Signature			Da	te:	
Signature	•		Da	i.e	

Your signature indicates that you understand that Clatskanie Park and Recreation District will respond to your request by email as soon as practicable. You understand that there may be costs related to this request based on the fee structure adopted by the Clatskanie Park & Recreation District, and you are aware that you will be notified by staff if any fees need to be paid in order to complete your request.