



## Public Records Request

Submit this completed request to Four Rivers Vector Control by mail/in-person at 56478 Solar Drive Bend, OR 97707 or email at [fourriversvectorcontrol@gmail.com](mailto:fourriversvectorcontrol@gmail.com).

Please fill out each field in the form below to request public records from Four Rivers Vector Control District. You will receive a receipt of submittal by email when your request is received.

**Requester**  
**Name:** \_\_\_\_\_ **Date of**  
**Request:** \_\_\_\_\_

**Organization Name**  
**(if applicable):** \_\_\_\_\_

**Mailing**  
**Address:** \_\_\_\_\_

\_\_\_\_\_  
*City* *State* *ZIP Code*

**Phone:** \_\_\_\_\_ **Email** \_\_\_\_\_

**Provide a detailed description of the documents you are requesting:**

**I request that the documents be provided in the following format:**

- ☐ I wish to arrange an opportunity to personally inspect the requested records.  
☐ I wish to receive a hard (paper) copy of the requested records.  
☐ I would like to have these records provided to me an electronic format.

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

*Your signature indicates that you understand that Four Rivers Vector Control 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 Four Rivers Vector Control Board, and you are aware that you will be notified by staff if any fees need to be paid in order to complete your request.*