

# ***WESTLAND IRRIGATION DISTRICT***

**P.O. Box 944  
Hermiston, OR 97838**

**Phone (541) 667-2030  
Fax (541) 667-2031**

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## **Public Records Request**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Detailed Description of Public Record(s) Requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like to receive this information?:  Hard copy  Electronic copy  
Please circle one

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

There may be a fee associated with responding to this request. However, the District will send written notification of the estimated amount if greater than \$25.00.