



Chiloquin Vector Control District (CVCD) Board of Trustees

Trustees; JB Brown, Michael Cook, Dennis Jefcoat, Richard Twamley, Albert Wilder

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FREEDOM OF INFORMATION ACT REQUEST

DATE: _____

NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Information Requested:

Dates of meeting recording or document Name(s) _____

Use back if necessary, to describe the documents or meeting recordings desired.

Please attach a check for \$20.00 payable to the Chiloquin Vector Control District. Should your request exceed 25 pages, or 2 years of meeting recordings. The District will contact you and provide an estimated cost to produce the documents or recordings. Exempt documents per ORS 837.362(2)(b) are not provided. All documents or recordings provided on USB thumb drives. Cost includes mailing by certified mail.

Total Cost \$ _____ Check received by _____ Deposited _____

Order completed by _____ Date _____

