

Public Records Request

I (please print)	, hereby request the following information			
from the Valley Sanitary District (pleas	e describe in as much detail as	possible)		
Please be advised that under Californi may be exempt from the Public Recor		250 et. Seq. 9	some public records	
Applicant's Signature/Date		Daytime ⁻	Daytime Telephone	
Street Address	City	St	Zip	
(for office use only)				
Date request initially received:	Initials:	Re	ferred to:	
	Date requestor notified:			
		Receipt no: Copy cost \$		
Date(s) requestor informed more time				
Date info supplied:	Date refund made:			
Staff time related to request for tracking				
Comments:				
I hereby acknowledge receipt of the re	quested information.			
Applicant's Signature/Date		Daytime Telephone		