

P.O. BOX 1525, FRAZIER PARK, CA 93225
TELEPHONE: 661-245-3734 FAX: 661-245-3472
fppud1@gmail.com www.frazierparkwater.com

## PUBLIC RECORDS REQUEST FORM

Please write in the space below the name of the documents you would like the District to produce for inspection.

Please be advised that under California Government Code 6250 Et Seq., the District has 10 days after the date of your request to determine whether the record(s) you have requested is/are subject to disclosure under the Public Records Act. This period of time maybe be extended by the District for an additional 14 days. After the District has made its determination, you will be immediately notified. If the District determines that the documents you have requested are subject to disclosure, the records will be produced within a reasonable time thereafter. If black and white copies are requested, you will be charged a fee of \$.15 per page.

DESCRIPTION OF THE REQUESTED DOCUMENT(S):		
Signature		ate
Print Name	Phone Number	Email
Will Pick-Up	Please E-Mail	
THIS FORM MAY BE SUBM	ITTED TO THE DIST	RICT IN PERSON, BY MAIL OR VIA E-MAIL.
	FOR OFFIC	DE USE ONLY
Date Received:		Date Notified:
Date Record(s) Produced:		Signature:
No. of Pages:	Copy Cost:	