

**PICO WATER DISTRICT
Public Records Request Form**

Requesting Party (NAME): _____
(PLEASE PRINT)

Mailing Address: _____

Phone Number: _____

1. The Requesting Party requests (CHECK ONE):

_____ That the Pico Water District provide the documents, records and information described below for the Requesting Party to examine at the District's offices during District business hours.

_____ That the Pico Water District provide the Requesting Party with photocopies of the documents, records and information described below.

2. Description of the documents, records and information requested. (Description must be specific enough to identify the public records sought).

3. If the request is for copies of public records, the Requesting Party (CHECK ONE):

_____ Will return to pick up the copies and will pay for copying costs at the time of pickup. (Requesting Party should leave a phone number at which they may be contacted when the copies are ready.)

_____ Requests that the copies be mailed to the address specified above. (All copying and postage costs must be paid before the copies will be mailed. The District will notify the Requesting Party of the amount of copying costs and postage by telephone or mail at the Requesting Party's choice.)

Dated: _____

Signature of Requesting Party

FOR OFFICE USE ONLY

Reviewing Official _____ Received On _____ Approved By _____

Number of Copies _____ Copying Cost _____ Date Paid _____