Public Records Request

I (please print) _____, hereby request the following information from the Valley Sanitary District (please describe in as much detail as possible)

_____

_____

_____

_____

Please be advised that under California Government Code Section 6250 et. Seq. some public records may be exempt from the Public Records Law.

_____ _____

Applicant's Signature/Date Daytime Telephone

_____

Street Address City St Zip

(for office use only)

Date request initially received: _____ Initials: _____ Referred to: _____
Estimated time to comply: _____ Date requestor notified: _____
Date deposit made: _____ Receipt no: _____ Copy cost $_____
Date(s) requestor informed more time needed for compliance: _____
Date info supplied: _____ Date refund made: _____ Additional amt paid $_____
Staff time related to request for tracking purpose: _____
Comments: _____
_____
_____

I hereby acknowledge receipt of the requested information.

_____ _____

Applicant's Signature/Date Daytime Telephone

45-500 Van Buren Street, Indio, CA 92201 (760) 238-5400 Fax (760) 238-5460