



## Public Records Request

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

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**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