VSD

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 Tel (760) 238-5400 Fax (800) 750-2280