

RODEO SANITARY DISTRICT REQUEST FOR PUBLIC RECORDS

Date requested: _____

Date required: _____

Please list each document, file, or record separately

- I wish to
- Review
 - Obtain copies of the following public records:

I/We, the undersigned, request documents as indicated and agree to pay the Rodeo Sanitary District for copies at the rate of \$1.00 for the first page and \$0.05 for each additional page (\$0.10 per page for documents requested pursuant to the Political Reform Act) when I receive or my representative receives them.

Name/Organization: _____

Mailing Address: _____

Phone No: () _____ Signature _____

FAX Number: () _____ Email _____

FOR INTERNAL USE ONLY

Approved Denied

Signature: _____

Reason, if denied: _____

Disposition of Request: Documents/response provided on (date)

By: Mail Pick-up FAX Email Delivered Verbal Phone

Comments: _____

Date Completed: _____

Staff Member(s): _____

Staff Time: _____