

WEST VALLEY MOSQUITO & VECTOR CONTROL DISTRICT

PUBLIC RECORDS ACT REQUEST FORM

(Government Code Section 6250, *et seq.*)

Requestor's Name: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Specify type of request: _____ Inspection _____ Copies

Specify documents requested for inspection and/or copying – To assist the District in your request, please identify each requested record/document separately. Please be as focused and specific as possible. Non-specific or unfocused requests may cause a response to be delayed or the request to be denied. (Attach additional sheets if necessary)

The cost to copy requested documents is 25¢ per page, unless the copying is done by an outside service, in which case the cost will be the actual cost of duplication charged by such outside service.

Dated: _____

Signature: _____
(Signature of requesting party)

DISTRICT USE ONLY BELOW:

District Received Stamp