

TIMBERON WATER & SANITATION DISTRICT

PUBLIC INFORMATION REQUEST
(PLEASE PRINT OR TYPE)

DATE: _____

NAME: _____ PHONE NUMBER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Please check at least one of the following:

_____ I want to inspect/review this information.

_____ I would like copies of this information.

Public information sought (be as specific as possible):

I understand that I will be required to pay the fees imposed by the Water District pursuant to the Inspection of Public Records Act. The Water District has agreed to provide me with a scheduled of its fees for copying public records, and, upon request, will provide me with an estimate of the costs of copies of any public record I am requesting. I understand this is only an estimate and that I will not receive copies of any public record until I have paid the applicable fees. I also understand some of the materials enclosed may be provided to me as a community service and that the Water District is not responsible for any error or liability contained therein, or any use or misuse of this information.

Signature

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Date of Receipt: _____ Time of Receipt: _____ Department: _____

Employee Name: _____ Title: _____