



CROSS VALLEY WATER DISTRICT
REQUEST FOR PUBLIC RECORDS

Date: _____ Time: _____

Name: _____

Address: _____

Phone: _____ Fax Number: _____

Description of Records:

I certify that the information obtained through this "Request for Public Records:
will not be used for commercial purposes.

Signature

FOR DISTRICT USE ONLY

Action Taken on Request: _____

Name of Person Taking Action: _____

Date Action Taken: _____

Number of Copies: _____

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