

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To fulfill your request for records, please fill out this form completely, and identify specifically the type of records you are requesting. Requests must reasonably describe identifiable records prepared, owned, used, or retained by the Sanitation Districts.

REQUESTOR INFORMATION

Name:	Date:
Company:	
Mailing Address:	
City:	State: Zip Code:
Phone Number:	Fax Number (optional):
Email Address (recommended):	

REQUESTED RECORDS

*Please clearly describe each requested record or document
(use additional copies of this form, as necessary)**

<table style="width: 100%; border: none;"> <tr> <td style="width: 45%; border: none;">Time Period of Document Requested</td> <td style="width: 10%; border: none;">From:</td> <td style="width: 45%; border: none;">To:</td> </tr> </table>	Time Period of Document Requested	From:	To:
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** Requests that are not specific and focused will be returned for more information. If requested, the Sanitation Districts will assist you in making focused and effective requests for identifiable records. The Sanitation Districts will not create new documents or records in response to a request.*

Signature of Requestor

Submit requests by mail, email or fax to:

*Records Administrator
County Sanitation Districts of Los Angeles County
P.O. Box 4998
Whittier, CA 90607-4998
records_administrator@lacsdc.org
Fax (562) 699-5422*

Office Use Only:
Date request received:
Date initial response issued:
Date request was closed: