

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 No:	Fax No. (optional)	
Email (recommended):		

REQUESTED RECORDS

Please clearly describe each requested record or document.
Use additional copies of this form, as necessary. *

Time Period of Document Requested	From:	To:

Time Period of Document Requested	From:	To:

Time Period of Document Requested	From:	To:

* 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.

Submit requests by email or mail to:



**LOS ANGELES COUNTY
SANITATION DISTRICTS**
Converting Waste Into Resources

Records Administrator
Los Angeles County Sanitation Districts
P.O. Box 4998
Whittier, CA 90607-4998
RecordsAdministrator@lacsds.org