

Lake Shastina Community Services District
16320 Everhart Drive
Weed, CA 96094
(530) 938-3281
(530) 938-4739 - Fax

Official Use:	LSCSD Board Approved: 03/17/99 Revised: 04/04/09

Date Request Received:	_____
Date Party Request Answer	_____
Date Party Answer by District	_____
Dated Mailed _____	Date Faxed _____
Phone Message _____	Picked up _____

PUBLIC RECORDS ACT COPY REQUEST FORM

Date: _____

Name of Individual Making Request: _____

Mailing Address: _____

Phone Number: _____

(Optional)

Fax Number: _____

(Optional)

Specific Document(s) Being Requested:

1). _____ 3). _____

2). _____ 4). _____

(Use Additional pages if necessary)

Please check one of the following boxes: mail fax pickup

email _____

I agree to pay the District \$0.15 per copy. **Government Code §6257.** The charge to fax requested copies is \$1.00 per page. To mail requested copies, there is a minimum handling charge of \$1.00 plus postage.

I agree to put down an estimated cash deposit at the time the request is submitted or at a later date after the job has been estimated and pay any overage prior to receiving requested records.

District shall reimburse any unused funds.

Please Note: Your request may take up to ten (10) days for the District to respond, and the period may be extended when appropriate.

Disclaimer: In some situations, the District is required by law to know the purpose of this request. If request is made for commercial gain, request need not be honored and will be left to the District's discretion.

OFFICIAL USE BELOW

Total Estimated Cost: _____ Total Deposit: _____

Total Actual Cost: _____ Total Additional Funds Required: _____

Or deposit refunded _____ Total Overall Cost: _____