PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To fulfill your request for records, please fill out this form completely, and identify <u>specifically</u> 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):		
PEOL	JESTED RECORDS	3
Please clearly describe each requested record or document.		
Use additional copies of this form, as necessary. *		
Time Period of Document Requested	From:	То:
Time Period of Document Requested	From:	То:
Time Period of Document Requested	From:	То:
* Requests that are not specific and focused will	be returned for more in	nformation. 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.		
Districts will not create new documents of rec	orus in response to a re	quesi.
Signature of Requestor		

LOS ANGELES COUNTY SANITATION DISTRICTS

Submit requests by email, mail or fax to:

Converting Waste Into Resources

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

Fax: (562) 699-5442