COMMUNITY	Y RELATIO	NS				4260
District Record	<u>l Request Fo</u>	<u>)rm</u>				
		REQUEST	Γ FOR PUBLI	C RE	ECORDS	
I request: $\Box$ to (please be as spe			□ to receive	an e	lectronic copy	of the following record
Date Records R	- -					
_	-					
Ending:						
Name ( <i>please p</i>						
Mailing Addres	s:					
Date of Request	t:					
Daytime Phone	Number:					
*****	******	:******	**********	***	*********	******
Received By: _						
Date Received:						
Public Agency:						
				-	•	to locate or retrieve the king day of request.
Payment receive	ed for	c(	opies			
Payment receive	ed for	la	bor Amoun	t Re	ceived	
			Receip	ot Nu	umber	
Policy History:						