

**Calaveras Public Utility District
REQUEST FOR PUBLIC RECORDS**

Date requested:	Date required:
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Please list each document, file, or record separately

- I wish to Review
 Obtain copies of the following public records:

I/We, the undersigned, request documents as indicated and agree to pay the District for copies at the rate of \$1.00 for the first page and \$0.05 for each additional page (\$0.10 per page for documents requested pursuant to the Political Reform Act) when I receive or my representative receives them.

Name/Organization: _____

Mailing Address: _____

Phone Number: () _____ Signature: _____

FAX Number: () _____ Email: _____

FOR INTERNAL USE ONLY		
Approved <input type="checkbox"/> Denied <input type="checkbox"/>	Signature:	
Reason, if denied:		
Disposition of Request: Documents/response provided on (date)		
By: <input type="checkbox"/> Mail <input type="checkbox"/> Pick-up <input type="checkbox"/> FAX <input type="checkbox"/> Email <input type="checkbox"/> Delivered <input type="checkbox"/> Verbal <input type="checkbox"/> Phone		
Comments:		
Date Completed:	Staff Member(s):	Staff Time: