



YERMO COMMUNITY SERVICES DISTRICT

38315 McCormick Street, Post Office Box 206

Yermo, CA 92398—0206

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(760) 254-2331

FAX (760) 254-3267

Request for Public Record

Date Requested: _____ Date Required: _____

Please list each document, file or record separately.

I wish to _____ Review

_____ Obtain copies of the following public records:

State the Purpose of Request: _____

I/We, the undersigned, request the documents as indicated and agree to pay the Yermo Community Services District a twenty dollar retrieval fee per item requested and any costs necessary to accommodate the request (copies will be at a rate of ten cents per copy) pursuant to the Political Reform Act at the time of receipt.

Name/Organization: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

Email: _____

Signature: _____

Office Use Only

Reviewed by Board Secretary/General Manager: _____ Approved _____ Denied

Signature: _____

Disposition of Request: _____

Date Provided: _____

- Mail
- Pick-up
- Fax
- Email
- Delivered
- Verbal
- Phone

Comments: _____

Staff Time: _____

Staff Member(s): _____
