



155 Mason Circle  
Concord, CA 94520  
phone (925) 685-9301  
fax (925) 685-0266  
www.contracostamosquito.com

## **PUBLIC RECORDS ACT REQUEST FORM**

(Government Code Section 6250, et seq.)

1. Requestor's Name: \_\_\_\_\_

2. Mailing Address: \_\_\_\_\_

3. Telephone Number: \_\_\_\_\_

4. Fax Number: \_\_\_\_\_

5. Specify type of request:     inspection                       copies

6. Specify documents requested from inspection and/or copying - To assist the District in your request, please identify each requested record/document separately. Please be as focused and specific as possible. Non-specific or unfocused requests may cause response to be delayed or may prove to be burdensome and therefore the District may not be able to respond or the request may be denied. *(attach additional sheets if needed)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The cost to copy requested documents is 25¢ per page.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*(Signature of Requesting Party)*

### **FOR DISTRICT USE ONLY**

District Received Stamp

General Counsel Received Stamp

*Protecting Public Health Since 1927*

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