

Lake Shastina Community Services District  
16320 Everhart Drive  
Weed, CA 96094  
(530) 938-3281  
(530) 938-4739 - Fax

Official Use:	LSCSD Board Approved: 03/17/99 Revised: 04/04/03
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Date Request Received:	_____
Date Party Request Answer	_____
Date Party Answer by District	_____
Date Mailed _____	Date Faxed _____
Date Phone Message _____	Date Picked Up _____

**PUBLIC RECORDS ACT COPY REQUEST FORM**

Date: \_\_\_\_\_

Name of Individual Making Request: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_  
(Optional)

Fax Number: \_\_\_\_\_  
(Optional)

Specific Document(s) Being Requested:

- 1). \_\_\_\_\_ 3). \_\_\_\_\_
  - 2). \_\_\_\_\_ 4). \_\_\_\_\_
- (Use Additional pages if necessary)

Please check one of the following boxes:     mail     fax     pickup

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I agree to pay the District \$0.15 per copy. **Government Code §6257.** The charge to fax requested copies is \$1.00 per page. To mail requested copies, there is a minimum handling charge of \$1.00 plus postage.

I agree to put down an estimated cash deposit at the time the request is submitted or at a later date after the job has been estimated, and pay any overage prior to receiving requested records.

District shall reimburse any unused funds.

*Please Note: Your request may take up to ten (10) days for the District to respond, and the period may be extended when appropriate.*

Disclaimer: In some situations, the District is required by law to know the purpose of this request. If request is made for commercial gain, request need not be honored and will be left to the District's discretion.

**OFFICIAL USE BELOW**

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Total Estimated Cost: _____	Total Deposit: _____
Total Actual Cost: _____	Total Additional Funds Required: _____
Or, Total Deposit Refunded: _____	Total Overall Cost: _____