

LEBEC COUNTY WATER DISTRICT

REQUEST FOR INFORMATION

Please fill out all of the following information completely. If you need assistance, please ask administration. When the form is complete, place it into the file labeled ALL COMPLETED FORMS.

Thank you.

PART A: CUSTOMER CONTACT INFORMATION:

Customer:

Address:

PO BOX:

Phone Number:

Account Number:

PART B: INFORMATION REQUESTED:

Please be advised of the following:

- In compliance with the Public Records Act, Government Code section 6253(c), please describe exactly what information you are requesting from Lebec County Water District.
- Some records cannot be disclosed to the public. If the information you are requesting is considered to be private, you will receive a letter from LCWD stating so. If the information you are requesting has partial information that is private, you will receive censored information. If you receive said letter or said information and disagree with this, please fill out FORM SCF or FORM PFA.
- There is a charge for all information requested and payment is due before or upon receipt of requested information. The charge is \$0.25 per page printed or copied.

Filing Record Number: _____

Second Page Attached

Date Received:

Lebec County Water District
PO Box 910, Lebec CA 93243
PH: 661-248-6872, FX: 661-248-6439

Received By Whom:

FORM PRA