Name of Requesting Party:			
Address:			
Telephone Number:			
Nature, location and description of record(s) sought:			
Request for Inspection:	Yes	No	
Request for Duplication of Records:	Yes	No	
I agree to be financially responsible for all charges assessed searching, reviewing, and/or duplicating the public rec	•		

paid to the district in advance of complying with any requests pursuant to the fo