



Del Paso Manor Water District

Public Records Request

Date Requested: ____/____/____

I wish to:

Review: _____

Obtain copies of the following public records: _____

(Please list each document, file or record separately)

I / We, the undersigned, request the documents as indicated above and agree to pay Del Paso Manor Water District the rate of fifteen cents per page.

Name / Organization: _____

Address: _____

Phone: _____ Fax: _____

Signature

Estimated page count: _____ Date of Payment: _____