

# 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 the Del Paso Manor Water District the rate of fifteen cents per page.

Name/Organization: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

Estimated # of pages: \_\_\_\_\_ pd. on \_\_\_\_\_