



QUARTZ HILL WATER DISTRICT

5034 W Avenue L • Quartz Hill, CA 93536
661-943-3170 • www.qhwd.org

PUBLIC RECORDS REQUEST FORM

Requesting Party: _____
(Please Print)

Phone Number: _____

How would you like us to provide the records requested?

_____ View records by appointment during business hours at the District office.

_____ Send by USPS Mail to: _____
If records to be send via USPS mail, there is a per page charge of 25 cents.

or

_____ Email to: _____

Description of documents, records and/or information requested. Please be specific in your request so that we may correctly identify the public record being sought.

In accordance with the Policies, Procedures, Rules and Regulations, Article 11.01, the District will respond to your request within 10 days of receipt. If you are requesting a mail copy, we will advise you of the cost of production prior to proceeding.

Date: _____
Signature of Requesting Party

FOR OFFICE USE ONLY

Received On: _____ Initial Review: _____ Sent to: Legal or GM
No. of Copies/Pages: _____ Cost: _____ Date Paid: _____ Approval Date: _____