

CLEAR CREEK COMMUNITY SERVICES DISTRICT
5880 Oak Street
Anderson Ca
(530)357-2121

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for records, please fill out this form completely.
Specifically, identify the type of records you are requesting from the list below.

REQUESTOR INFORMATION

NAME:
COMPANY:
MAILING ADDRESS:
CITY: STATE: ZIP:
PHONE #: FAX #: EMAIL:

DOCUMENTS REQUESTED (3 ITEMS PER FORM)

- Financial Documents
- Minutes
- Testing Records
- Board Packet
- All Records/General File Review
- Other (Describe below)

DATE OF DOCUMENTS REQUESTED: From: To:

METHOD OF DELIVERY

- Pick Up Fax (maximum 15 pages) Pick Up
- U.S. Mail CD?DVD _____ Other _____
- Inspection of records only, no copies required. (You will be contacted to set an appt.)
- If the requested records exceed \$ _____, I request to be contacted prior to copying.