## Lake Don Pedro Community Services District 9751 Merced Falls Rd La Grange, CA 95329 PUBLIC RECORDS REQUEST FORM

## Section I – Records Requested

(Please list each document, file or record separately: use Page 2 of this form for additional request information)			
I wish to	: OReview		
	Obtain copies of the following public records: Hard copies Electronic copies		
1.			
	Costion II Demosting Destributes		
	Section II- Requesting Party Information		
Pedro CS at the til	e undersigned request documents as indicated above and agree to pay the Lake Don SD at the rate of \$.10 for the first page and \$.25 additional pages requested hard copies me of receipt by me or my representative.  Individual making request:		
Business Name / Organization:			
Mailing .	Address:		
Phone: _			
Signatur	e: Date:		
	Do Not Write Below this Line – For LDPCSD Use Only		
Date Res	sponse Due: Date Response Mailed:		
Action T	aken on Request:		
	rative office Hours: 7:30 a.m. to 2:30 p.m. Mon, Tues, Thurs, Fri – Close Wed		
9751 Me	erced Falls Rd. La Grange, CA 95329 — Telephone (209) 852-2331 — Fax (209) 852-2268 —		
www.ld	ocsd.org		

ase use this page to provide any additional information to assist the Lake Don Pedr viding your request.	o CSD in