



BORREGO WATER DISTRICT PUBLIC RECORDS ACT REQUEST

Date: _____

Requester's Name: _____

Mailing Address: _____
Street City State Zip

Phone Number: _____ Email: _____

Description of records (Please be as specific as possible. If known, include author, recipient, title, date or date range, etc.)

Please complete one copy of this form for each public records act request. Mail/Fax or drop off the form(s) to the below address. You will be advised as to whether or not we have records subject to release within 10 calendar days of receipt of the request. There will be a .10 per page charge, \$5.00 per CD copy, and you will be notified of the cost in advance of copies being made.

Borrego Water District
PO Box 1870
806 Palm Canyon Drive
Borrego Springs, CA 92004