



BEAR VALLEY COMMUNITY SERVICES DISTRICT

28999 South Lower Valley Road • Tehachapi, CA 93561-7460
PHONE 661-821-4428 • FAX 661-821-0180

REQUEST FOR PUBLIC RECORDS

Date: _____

Name of Requesting Party: _____

Mailing Address: _____

Phone: _____

Email: _____

Description of Records Requested (Please describe the record(s) as much as possible, e.g., date, type, subject matter, time period covered, etc.):

The District will inform you once responsive records have been identified or if further information or clarification is needed. If you desire to obtain copies of responsive records, an estimated cost of producing the copies will be provided and you will be required to submit payment for duplication costs (and any mailing charges) prior to the production of the requested records.

Signature of Requesting Party

Please note that the information contained in this request is a public record and may be subject to public inspection pursuant to the California Public Records Act.

Requesting Party Contacted: _____

Documents Provided: _____

Signature of Requesting Party or District Staff:

Date