



South Placer Municipal Utility District
5807 Springview Drive
Rocklin, CA 95677
916-786-8555

Records Request Form

Request Date: ____/____/____

Requestor Identification:

Name: _____

Address: _____

Requestor Contact Information:

Phone: _____ FAX: _____ E-Mail _____

Records Requested:

Document(1) Name: _____

Document(2) Name: _____

Document(3) Name: _____

Document(4) Name: _____

Requestor Signature: _____

<i>District Use Only: Copy Fees Established by Ordinance 9-04; and Adjusted annually</i>	
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