

TWENTYNINE PALMS WATER DISTRICT

PUBLIC REQUEST FOR INFORMATION

I, _____, do hereby request the following information from the Twentynine Palms Water District (please describe in as much detail as possible):

I understand that I am responsible for all costs incurred by the District to prepare this information for me, and that I shall deposit with the District an amount equal to the estimated costs.

Signature

Date

Daytime Phone

Street Address

City

State

Zip

.....
For Office Use Only

Date Received _____ Received By _____ Referred To _____

Estimated Time _____ Estimated Cost _____ Customer Notified Y/N By _____

Deposit Date _____ Receipt No. _____ Actual Cost _____

Date Completed _____ Date Refunded _____ Additional Amount Paid _____

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I hereby acknowledge receipt of the requested information.

Signature

Date