LOCAL AGENCY FORMATION COMMISSION OF YUBA COUNTY
915 8th Street, Suite 134, Marysville, CA 95901
(530) 749-5467

PUBLIC RECORDS ACT REQUEST FORM

Government Code Section 6250 et seq.

1. Requestor's Name: _____

2. Mailing Address: _____

3. Telephone Number: _____

4. Requestor's Fax Number: _____

5. Specify Type of Request: _____

6. Specify documents requested for inspection and (or) copying - To assist LAFCO with your request, please identify each requested record/document separately. Please be as focused and specific as possible. Non-specific or unfocused requests may cause response to be delayed or may prove to be burdensome and therefore LAFCO may not be able to respond or the request may be denied.
(attach additional sheets, if needed)

_____
_____
_____
_____
_____
_____

7. The cost to copy requested documents is 25 cents per page.

Dated: _____ _____
Signature of Requesting Party

For LAFCO use only

Date Received Stamp

Adopted April 19, 2007
LAFCO Resolution 2007-0005