LOCAL AGENCY FORMATION COMMISSION OF KERN COUNTY

REQUEST FOR PUBLIC RECORDS

1. Name of Party Requesting Records:_____

2. Contact Information of Party Requesting Records:
   Phone:_____
   E-Mail:_____
   Mailing Address: _____

3. List of Records Requested:_____
   _____
   (Attach additional pages as needed)

4. Date by which records are desired to be reviewed:_____

Please note that many records are exempt from disclosure to citizens, and LAFCO must make a determination as to whether records are exempt before it is allowed to show the records to you.

LAFCo will copy up to 25 8 ½ x 11 one sided pages at no charge. Please make arrangements with LAFCo for any copying over the 25 pages.

Thank you for your interest in the documents requested, and for your cooperation and patience regarding your request.

_____ _____
Requester's Signature Date

- -

FOR OFFICE USE ONLY:

1. Description of documents released:_____
   _____

2. Number of pages of documents requested: _____

3. Documents picked up for copying: _____

4. Documents returned to LAFCo: _____

I have received requested documents _____ _____
Signature Date