

CENTERVILLE COMMUNITY SERVICES DISTRICT  
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REDDING, CA 96001  
(530) 246-0680

Attention: Tina Teuscher, Executive Assistant  
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### PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for records, please fill out this form completely. Specifically, identify the type of records you are requesting from the list below.

#### REQUESTOR INFORMATION

NAME:	DATE:	
COMPANY:		
MAILING ADDRESS:		
CITY:	STATE:	ZIP:
PHONE #:	FAX #:	EMAIL:

#### DOCUMENTS REQUESTED (3 ITEMS PER FORM)

<input type="checkbox"/> Financial Documents
<input type="checkbox"/> Minutes
<input type="checkbox"/> Testing Records
<input type="checkbox"/> Board Packet
<input type="checkbox"/> All Records/General File Review
<input type="checkbox"/> Other (Describe below)
DATE OF DOCUMENTS REQUESTED: From:                      To:

#### METHOD OF DELIVERY

<input type="checkbox"/> Pick Up	<input type="checkbox"/> FAX (maximum 15 pages)	<input type="checkbox"/> Email
<input type="checkbox"/> U.S. Mail	<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Other _____
<input type="checkbox"/> Inspection of records only, no copies required. (You will be contacted to set an appt.)		
<input type="checkbox"/> If the requested records exceed \$ _____, I request to be contacted prior to copying.		