



San Benito County Water District

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REQUEST FOR REPRODUCTION OF DOCUMENTS/INFORMATION from SAN BENITO COUNTY WATER DISTRICT

Date: _____

Requisitioner Name: _____

Address: _____

Telephone Number: _____

Documents / Information Requested:

Signature _____ Date _____

San Benito County Water District will make every effort to provide the requested documents / information to you within ten (10) days from the date of this request. Due to the workload or other circumstances, this may not be possible. In that case, we will provide them to you as soon as possible.

If copies of material are requested, a charge of \$.25 per page will be assessed.

Completed forms can be returned via District office drop box, mail, fax or by emailing to DocumentRequest@sbcwd.ca.gov