

**Buckingham Park Water District**  
**REQUEST TO INSPECT PUBLIC RECORD**

Name	Representing	
Address	Telephone Number	Date
Signature - Requestor		

 Complete Description of Public Record:

<input type="checkbox"/> Inspected: Date _____	<input type="checkbox"/> Disclosure of the requested record is prohibited by law:
<input type="checkbox"/> Requestor Photocopied: Date _____	_____
<input type="checkbox"/> Copies Provided: Date _____	_____
<input type="checkbox"/> Payment Received: Date _____	_____

Signature - Departmental Representative	Unit	Date
		