

BOLINAS COMMUNITY PUBLIC UTILITY DISTRICT

BCPUD

BOX 390 270 ELM ROAD BOLINAS CALIFORNIA 94924

415 868 1224



BOLINAS COMMUNITY PUBLIC UTILITY DISTRICT APPLICATION TO EXAMINE DISTRICT RECORDS

Applicant's Name: _____ Date: _____

Street Address: _____

Phone Number: _____

Documents Requested (please be as specific as possible):

(if more room is needed, continue on reverse side)

Applicant's Signature: _____

DISTRICT ACTION

General Manager's action (check applicable box(es)):

Granted, records examined on _____

Denied

Granted in part, records examined on _____

Denied as to: _____

If not granted in full, reason(s) for denial: _____
