EXHIBIT "A" SANTA YNEZ COMMUNITY SERVICES DISTRICT PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

Name of Requestor	
Affiliation	
Mailing Address	
Phone Number	Fax Number
Email Address	
I wish to request the following public recor	ds pursuant to the California Public Records Act:
Please attach additional sheets as necessar	у.
Description:	
If requesting copies, indicate number of cop	pies
Date/Year of document:	{ } Inspect Only { } Request Copies
	{ } Mail Copies { } Will Pick Up
For Office Use: Date of Compliance	Attending Staff
Additional sheets are are not attack	ched.
Number of additional sheets:	
	lication of all materials that I request and I agree to naterials. I also understand that I may be asked to
Requestor's Signature	
ADDITI	ONAL SHEET TO

PUBLIC RECORDS INSPECTION AND COPY REQUEST FORM

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