



Silver Lake Water & Sewer District



REQUEST FOR ACCESS TO PUBLIC RECORDS

The following information is to be filled out by the person requesting records:

Requestor's Name:

Address: _____

City: _____ State: _____ Zip: _____

Phone No: _____ FAX No. _____

EMAIL ADDRESS: _____

RECORDS REQUESTED: (Please state the title(s) and date(s) of the record(s) being requested)

Please describe any additional information that will help us locate the records for you:

Requestor's Signature: _____

Date: _____