GEORGETOWN DIVIDE PUBLIC UTITILTY DISTRICT

PUBLIC RECORDS REQUEST FORM

Please complete this form and submit to: Georgetown Divide Public Utility District			Date of Request:				
ou may submit your request ii	n person, via U.S. m	ail, via email, d	L or via fax.				
Physical Address	Mailing Addr	ess	ss Email Address		Fax Number		
6425 Main Street Georgetown, CA 95634	P.O. Box 4240 Georgetown,		info@gd-pud.org			(530) 333-9442	
First Name:		Last Name:					
Address:		City:			State:		Zip:
Phone Number:		E-mail Address:					
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