



BUCKSKIN SANITARY DISTRICT
P O Box 5398
Parker, AZ 85344

REQUEST FOR PUBLIC RECORDS

Name: _____ Date: ___/___/___

Mailing Address: _____

Physical Address: _____

Phone Number: ___-___-_____ Work Number: ___-___-_____

Email Address: _____

Nature of Request:

- Opportunity to review records (no original record may leave the custodian's office)
- Copies of Records (Copies are charged at \$1.00 per page)
(CD/DVD are charged at \$15.00 each)

Records You Are Requesting: BE AS SPECIFIC AS POSSIBLE

Please read the following statement prior to signing this document:

I have requested public records of the Buckskin Sanitary District for a non-commercial purpose. I understand that if records should be used for a commercial purpose, a verified statement of the purpose must be submitted per ARS §39-121.03.

Signature

___/___/___
Date Requested

Phone: (928) 667-7197 * Fax: (928) 667-1697 * www.bsdsewer.org

An Equal Opportunity Employer and Provider

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request this form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.