GEORGETOWN DIVIDE PUBLIC UTITILTY DISTRICT

PUBLIC RECORDS REQUEST FORM

ou may submit your request	in person, via U.S. m	ail, via email, d	or via fax.				
hysical Address Mailing Addr		ess Email Address		Fax Number			
6425 Main Street Georgetown, CA 95634	P.O. Box 4240 Georgetown,		info@gd-pud.org		3	(530) 333-9442	
First Name:		Last Name:					
Address:		City:			State:		Zip:
Phone Number:		E-mail Address:					
Please be as specific as possil	pages); 75¢ per pa onic copies: I	ge color				e if less than 5