



EAST PALO ALTO SANITARY DISTRICT

REQUEST FOR GENERAL INFORMATION FORM

IN ORDER TO ASSIST YOU IN YOUR REQUEST FOR INFORMATION, PLEASE COMPLETE THE FORM BELOW.

Requestor Name: _____ Date: _____

Contact Number: _____ Fax Number: _____

Information Requested: (Please Be Specific)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

I hereby acknowledge that I am in receipt of the above requested information/ documents

Signature

Date

Please Mail to: _____

FOR District Use only

Date Received By Staff: _____

Actions Taken: _____
