

**HAPPY HOMESTEAD CEMETERY DISTRICT**

**PUBLIC RECORDS REQUEST**

**Requestor's Name:** \_\_\_\_\_

**Requestor's Address:** \_\_\_\_\_  
\_\_\_\_\_

**Requestor's Telephone Number:** \_\_\_\_\_

**Requestor's E-Mail:** \_\_\_\_\_

**Precise Description of Specific Document(s) Requested:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I would like to:**
- examine the documents at the District's office.**
  - have copies of the documents.**
  - have copies of the documents e-mailed to me.**

**I understand that I must pay the District the reasonable cost of copying or scanning the documents requested and, by my signature below, I hereby agree to make such payment to the District prior to receiving the documents.**

**If I have requested copies of the requested documents or to have them e-mailed to me, I understand that the District will first retrieve the documents sought, contact me with the cost of making such copies, and that I must pay the full amount prior to any copies being made.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Requestor's Signature**