



TURLOCK MOSQUITO ABATEMENT DISTRICT  
FAX (209) 634-4103

**PUBLIC RECORDS ACT REQUEST FORM**

DATE: \_\_\_\_\_

Requestor \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Please provide a written description of the records you are requesting below. The more specific you are, the easier it will be to determine if such records exist in District files. Use additional sheets if needed.

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