



**REQUEST FOR INFORMATION/COPIES**

*Please complete and submit to the Clerk of the Board of Supervisors for processing.*

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Address:	_____	
State:	Zip: _____	Contact Telephone No.: ( ) - _____

I am requesting photocopies of the following documents:		
1. _____	Number of Copies:	_____
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I am requesting DVD(s) of the following Board Meeting(s):			
1. Date: _____	2. Date: _____	3. Date: _____	4. Date: _____

**County Use Only Below This Line**

Requestor:		Topic:	
<input type="checkbox"/> Public	<input type="checkbox"/> Board Actions	<input type="checkbox"/> Assessment Appeals	
<input type="checkbox"/> BOS	<input type="checkbox"/> Licenses	<input type="checkbox"/> Notice of Determination/Exemption	
<input type="checkbox"/> CAO	<input type="checkbox"/> Conflict of Interest	<input type="checkbox"/> Form 700	
<input type="checkbox"/> County Counsel	<input type="checkbox"/> Other _____		
<input type="checkbox"/> County Department			

Comments: _____		
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*Hard copies are \$.10 per side*