

**South Kern Cemetery District  
Request For Public Records**

1. Name of party requesting records: \_\_\_\_\_

2. Address of party requesting records: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip	Phone Number	Fax Number
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*When submitting your request, please be as specific as possible (i.e., provide dates of reports or actions, dates of meetings, resolution, etc.) You will be contacted when your request has been filled.*

3. List of records requested: \_\_\_\_\_

(Attach additional pages as needed)

- Copies can be obtained **after payment is received**-OR- you may view the documents in the office.
- Please note that many records are exempt from disclosure to citizens, and the District must make a determination as to whether records are exempt before the District is allowed to show the records to you. The District has ten (10) days in which to make this determination and notify you.
- Payment must be in cash, cashier's check, money order, or credit card before the District can begin reproducing the records. Please address envelope to:  
**Records Request, South Kern Cemetery District, 15543 So. Vineland Rd. Bakersfield, CA 93307**

Thank you for your interest in the documents requested, and for your cooperation and patience during this process.

\_\_\_\_\_  
Requester's Signature

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

1. Description of documents released: \_\_\_\_\_

2. Number of pages of documents requested: \_\_\_\_\_

3. Cost of audio tapes (If Available): \$2.00

4. Cost of copied pages of document: \$1.00 for the first page and .25 cents per page thereafter  
(number of pages # \_\_\_\_\_) \$ \_\_\_\_\_.

5. Postage: \$ \_\_\_\_\_

**TOTAL PAYMENT DUE: \$ \_\_\_\_\_**