INLAND EMPIRE UTILITIES AGENCY
PUBLIC RECORDS REQUEST FORM

REQUESTOR:	DATE:	TIME:
PHONE:	How would you like to receive your records? (Refer to Schedule of Fees)	
E-MAIL:		
ADDRESS:	☐E-mail	☐CD
REQUESTED BY: ☐VISIT ☐MAIL ☐E-MAIL	☐Mail Photocopies	☐Other:

RECORDS REQUESTED – DESCRIPTION

RECORDS MANAGEMENT USE ONLY – LEAVE BLANK			
TIME EXPENDED	**RECORDS RESPONSE:**		
RECEIVED:	**MISCELLANEOUS CHARGES**		**DISPATCHED BY**
PULLED:	**Photocopy:**	**Certified:**	**Date:**
RESEARCHED:	**Faxed:**	**Registered:**	**Mail:**
OTHER:	**E-mail:**	**Courier:**	**Visit/Other:**
	Postage:	**UPS:**	**Fax:**