**Camio Real Regional Utility Authority (CRRUA)**

**Records Request Form**

(Fillable Form)

\*Required Fields.

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\*Requestor’s Name: \*Date:

\*Requestor’s Email Address:

( )

\*Requestor’s 10-digit Phone Number:

\*Describe the record(s) requested. Please be specific with your records request to narrow our search and respond to you quickly and efficiently.

SUBMIT