LAKES HIGHWAY DISTRICT

PUBLIC RECORDS REQUEST FORM

3 DAY NOTICE

Date: _____

Name: _____

Mailing Address: _____

Telephone Number: _____

I am requesting to copy or to examine certain records of the Lakes Highway District which may be identified as follows:

_____

_____

_____

_____

DATED this _____day of _____, 2025

_____
Signature

_____
Printed Name

Picked up / Emailed:_____Date:_____