



SUTTER COUNTY DEPARTMENT OF AGRICULTURE
142 GARDEN HIGHWAY - YUBA CITY - CA - 95991
PHONE (530) 822-7500 FAX (530) 822-7510
SERVICE / INFORMATION REQUEST
PESTICIDE USE ENFORCEMENT DEPARTMENT FAX (530) 822-7511



TYPE OF REQUEST: () SERVICE () INFORMATION

DATE: _____

Name (Print) _____
 Business _____
 Mailing Address _____
 City, State, Zip _____
 Phone (Voice) _____ Fax# _____ E-Mail: _____

COMPLETE DESCRIPTION OF INFORMATION or SERVICE REQUESTED (Please be specific):

(use additional pages as needed) _____ of _____

| | | | |
|--------------|--------------|---|--|
| STAFF REVIEW | () Approved | () Request Denied: Requested Record is protected from disclosure by law. | () Request Denied: Description inadequate to identify record. |
| By: _____ | | | |

| ESTIMATE | HOURS | RATE | AMOUNT | MATERIALS | RATE | AMOUNT |
|---------------------------------------|-------|-----------|--------|-------------------------------|--------------|--------|
| STAFF TIME | | | | | | |
| HOURLY RATE/AG | | \$ 75/hr | \$ - | | | |
| HOURLY RATE/NON AG | | \$100/hr | \$ - | | | |
| Subtotal TIME | | | | Subtotal MATERIALS | | |
| PLEASE FILL OUT THE FOLLOWING: | | | | Postage & Handling | | |
| COMPLETION DATE REQUESTED _____ | | | | Subtotal TIME | | |
| TYPE OF DELIVERY MAIL () | | FAX () | | TOTAL ESTIMATE | | \$0.00 |
| E-MAIL () | | PICKUP() | | OFFICE USE ONLY | | |
| | | | | DATE COMPLETED _____ | METHOD _____ | |
| NOTES | | | | | | |

I hereby request that the Sutter County Department of Agriculture provide the information or service as requested above. I further acknowledge that when presented with an itemized invoice for this information or service, I agree to pay the charges.

Signature

Date