



## Public Records Request

Under the California Public Records Act, Government Code sections 6250-6276.48, the public may review certain District records upon request. A request to review District records must reasonably identify the records sought for review in order to enable District staff to locate and make them available for review or copying.

The District will advise the requestor within 10 calendar days after receiving a records request whether the District will provide the requested records. The District also will advise when the records will be available for review or when copies will be available for pick up. In certain cases, the District may extend the time to respond to a records request for up to 14 additional days. Also, certain District records are not considered public records and may be withheld from public review. For example, employee personal information is not a public record.

If requested, the District will make photocopies of public records in accordance with Government Code section 6253(b). The copying charge is ten cents per page, which reflects the District's direct costs. Payment is required at the time copies are provided. A deposit may be required for copying a large volume of material.

Requestor: \_\_\_\_\_  
 (PLEASE PRINT FULL NAME)

Representing: \_\_\_\_\_  
 (NAME OF ORGANIZATION)

\_\_\_\_\_  
 (MAILING ADDRESS)

\_\_\_\_\_  
 (CITY, STATE ZIP) (DAYTIME PHONE)

List documents titles, as complete as possible, or fully describe the records requested, specifying dates or other information that identifies the records. Please attach additional pages if necessary.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(For Office Use Only)**

Date request initially received: \_\_\_\_\_ Intials: \_\_\_\_\_ Referred to: \_\_\_\_\_

Estimated time to comply: \_\_\_\_\_ Date requestor notified: \_\_\_\_\_

Date(s) requestor informed more time required for compliance: \_\_\_\_\_

Date info supplied: \_\_\_\_\_ Date refund made: \_\_\_\_\_ Copy Cost: \$ \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

I hereby acknowledge receipt of the requested information.

\_\_\_\_\_  
 Requestor's Signature

\_\_\_\_\_  
 Date