



PUBLIC RECORDS REQUEST FORM

Requester: _____ Date: _____

Address: _____ Telephone: _____

_____ Email: _____

1. List the public records requested below. Request must reasonably describe an identifiable record or information produced therefrom.
2. Upon receipt of the request for a copy of records, the District shall determine within ten (10) days whether to comply with the request and shall immediately notify the requestor of such determination and the reasons therefore.
3. In unusual circumstances, as specified by statute, the time limit for response may be extended by written notice to the person making the request. However, no such notice shall specify a date that would result in an extension for more than ten (14) working days.
4. Upon approval of the request for a paper copy of public records, the District shall make the records promptly available upon Payment of \$0.25 per sheet. A request for electronic delivery may be requested as well, any electronic delivery with size over 20 MB cannot be emailed and needs to have a storage device.

Paper Copy

Electronic Copy

PUBLIC RECORDS

REQUESTED: _____

STAFF USE ONLY:

Your request for the above- referenced records has been _____Approved _____ Denied for the following reasons:

Approved by General Manager:

FEE AMOUNT DUE: \$ _____