

PUBLIC RECORDS ACT REQUEST FORM

To expedite your request and to eliminate opportunities for error, please fill out this form completely with as much detail as possible and identify specifically the records you are requesting. Requests should reasonably describe identifiable records prepared, owned, used or retained by the Mt. View Sanitary District. District staff is available to assist you in identifying the records in the control of the District based on your description. The District is not required by law to create a new record or list from an existing record.

Please note that if you are requesting the opportunity to inspect records stored at the District office, the District must be given time to locate and review documents that are responsive to your request in order to comply with the provisions of the Public Records Act. You will, therefore, be requested to make an appointment to return at a later date to view the documents.

You will be charged the direct cost of duplication for any documents received over ten (10) pages. **Documents will not be copied until payment has been received.**

REQUESTER INFORMATION

Name: _____ Date: _____
Company (if applicable): _____
Mailing Address: _____
City: _____ State/Zip Code: _____
Phone number: _____ Fax number: _____
Email address: _____
Preferred method of contact in the event of questions: _____

REQUESTED RECORDS

Time period covering documents requested: _____

I wish to inspect the requested records, and do not want copies produced at this time. Date and time I am requesting the documents be available for inspection:

_____.

I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make payment (cash, check or money orders only) for the copying costs prior to the documents requested being copied.