



PUBLIC RECORD REQUEST FORM

Date of Request: _____

In accordance with the California Public Records Act (Gov. Code §§. 6250 et seq.), I am requesting to (check one):

inspect the following public records receive copies of the following public records

[Please provide sufficient detail to assist in locating the public records you are seeking]

Type of Record(s): _____

Date or Date Range of Records: _____

Additional Information:

I understand that the SGPWA will respond to all Public Records Act requests in compliance with State law.

For copies of the above-listed public records, I understand the SGPWA copying fees will apply or statutory fees for copying may apply. I understand that I will be responsible for payment of all copying fees in advance of delivery of any requested copies. I also understand that the SGPWA has 10 days to determine if the request seeks disclosable records in the SGPWA's possession. In some instances, the time may be extended by written notice if additional time is required to search for and collect the requested information. If more than fifty (50) pages are requested, the SGPWA may require a deposit before making copies.

Name of Requester: _____

Address: _____

Phone/Fax/E-Mail: _____