

CARMICHAEL WATER DISTRICT - PUBLIC RECORDS REQUEST FORM

Requester: _____ Date: _____

Address: _____ Telephone: _____

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 (10) working days.
4. Upon approval of the request for a copy of public records, the District shall make the records promptly available upon payment of \$0.25 per sheet.

PUBLIC RECORDS
REQUESTED:

STAFF USE ONLY:

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

FEE AMOUNT DUE: \$ _____

Note: This page was intentionally left blank.