



Public Records Request
 Phone: 530-827-3150
 Fax: 530-827-3153

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Identify specifically the type of record or document you are requesting, one record type per form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. Staff is available to assist you in identifying those records in the District's possession. 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, 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. Pursuant to Public Records Act Gov't Code 6250-6276.48, the District has 10 days to decide if records will be provided. In unusual cases, and with written notice, the District may give itself an additional 14 days. You will, therefore, be requested to make an appointment to return at a later date to view the documents requested.

Copy fees per page are: \$0.35 for black/white, \$.75 for color and \$1.00 for fax. By submission of this form I hereby agree to reimburse HPUD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

REQUESTOR INFORMATION

NAME: _____ DATE: _____
 COMPANY (if applicable): _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE #: _____ Cell #: _____ FAX #: _____
 EMAIL: _____

REQUESTED RECORD OR DOCUMENT

PAPER COPIES ___ pick up ___ mailed FAXED COPIES EMAILED COPIES ELECTRONIC COPIES
 RECORDS INSPECTION (in-person) OTHER _____
 NAME OF RECORD OR DOCUMENT: _____
 RECORD OR DOCUMENT DESCRIPTION: _____

 TIME PERIOD OF DOCUMENT REQUESTED: From: _____ To: _____

I, the undersigned, request copies of the record or document indicated above and agree to pay, the Herlong Public Utility District 35 cents per page for B/W, 75 cents per pay for color & \$1.00 for fax

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Number of Pages: _____ Copy Fee \$ _____ Other Costs: \$ _____ Total Charges: \$ _____
 Date Due: _____ Date Citizen Notified: _____ Staff: _____