

**PUBLIC RECORD REQUEST
FORM**

Date: _____

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 describe in detail the public records you are seeking. If possible, please include types of records, dates or date ranges for records, name(s) of project(s) or event(s), etc.]

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

For copies of the above-listed public records, I understand the District's copying fees set forth in Exhibit "B" of the District's policy will apply **or statutory fees for copying may apply.** I also understand that payment of fees is required in advance of delivery of any requested records. If more than fifty (50) pages are requested, the District may require a deposit before making copies.

Name/Signature of Requestor: _____

Address: _____

Phone/Fax/E-Mail: _____

SMWD: _____

**PUBLIC RECORDS REQUEST
SCHEDULE OF FEES**

Description	Price
Copy Price per Page	\$0.10
Color Copies	\$0.25
Copy charges for oversized documents that must be outsourced for duplication/reproduction	Actual cost
Price for Public Records in electronic format, including video and/or audio tapes of Board of Directors meetings, when requested in electronic format, shall be calculated by the General Manager in accordance with Government Code Section 6253.9, as it may be amended from time to time.	Per Gov. Code Section 6253.9
Note: Payment is required in advance of delivery of any requested records.	

All fees are in compliance with the District's established fee schedule and are subject to change as the fee schedule is updated.