

PLEASE PRINT OR TYPE



DIABLO WATER DISTRICT 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 are 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 certain instances, 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.

The cost for copies is \$0.25 per page for black and white, and \$0.50 per page for color copies.

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

REQUESTED RECORD OR DOCUMENT

Please select one:

- | | |
|------------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> PAPER COPIES _____ pick up _____ mailed | <input type="checkbox"/> FAXED COPIES |
| <input type="checkbox"/> EMAILED COPIES | <input type="checkbox"/> RECORDS INSPECTION (in-person) |
| <input type="checkbox"/> OTHER _____ | |

NAME OF RECORD OR DOCUMENT: _____

RECORD OR DOCUMENT DESCRIPTION: _____

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

By submission of this form, I am requesting copies of the record(s) or document(s) indicated above, and hereby agree to reimburse Diablo Water District for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

Signature: _____ Date: _____

OFFICE USE ONLY

Number of Pages: _____	Total Copy Fee \$ _____	Date Paid: _____
Date Due: _____	Date Requestor Notified: _____	Staff: _____

Please return to 87 Carol Lane, Oakley, CA 94561 or Fax: 925-625-0814 or Email: customers@diablowater.org