## COASTSIDE COUNTY WATER DISTRICT PUBLIC RECORDS REQUEST FORM



## **REQUESTOR INFORMATION:**

Requ	iestor Name:	Date:
Mail	ing Address:	
City,	, State & Zip	
Phon	ne:	Cell:
E-M	ail Address:	
	REQUEST TO INSPECT DOCUMENTS	REQUEST FOR COPIES
	ription of Document(s) Requested: (Please tes, etc)	be as specific as possible, include dates, titles of
	MAIL COPIES	WILL PICK UP COPIES
	ELECTRONIC (if available), Please email t	0:
Marc	HARD COPY (\$.06 per page duplication coch 27, 2001) - \$.12 per page double-sided ( <i>Pos</i>	st per CCWD Resolution Number 2001-03 Dated stage costs are additional)
	lerstand that there is a charge for duplication ges before receiving any documentation.	of all material that I request and I agree to pay all
Requ	estor Signature:	Date:

Please make check or money order payable to: Coastside County Water District

This form can be mailed or submitted in person to: Coastside County Water District, 766 Main Street, Half Moon Bay, CA 94019 or fax to (650) 726-5245

## **Government Code Section 6250-6270**

6253. (b) Except with respect to public records exempt from disclosure by express provisions of law, each state or local agency, upon a request for a copy of records that reasonably describes an identifiable record or records, shall make the records promptly available to any person upon payment of fees covering direct costs of duplication or a statutory fee if applicable.

(c) Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or part, seeks copies of disclosable public records in the possession of the agency...

FOR OFFICE USE ONLY:		
Date Received:	_ By:	
Amount Due: \$	Paid Date:	
Date Completed:	By:	