



GARBERVILLE SANITARY DISTRICT

P. O. BOX 211 GARBERVILLE CA 95542
PHONE (707) 923-9566 / FAX (707) 923-3130

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely, and identify specifically the type of records you are requesting. Please limit your request to three requested items per form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District.

REQUESTOR INFORMATION

NAME:

DATE:

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

PHONE NUMBER:

FAX NUMBER:

EMAIL ADDRESS:

REQUESTED RECORDS (3 items per form)

Direct cost of duplication: .10 per page for black and white paper copies and \$1.25 per color copy. No charge if in electronic format. Large format maps and 11x17 sheets will be based upon the actual cost to produce the copies. Binding of copies is an additional fee.

- I wish to inspect the requested records, where applicable, or receive the requested records electronically at no charge. I do not want copies produced at this time.
- I request that the Garberville Sanitary District contact me prior to copying the requested records if the cost exceeds \$10.00.
- I would like copies of the requested records and I hereby agree to reimburse the Garberville Sanitary District for the direct cost of duplication in accordance with Gov. Code Sec. 6253(b).

Signature of Requestor

Note: After a preliminary estimate, advance payment may be required.