



**Garberville Sanitary District**  
PO Box 211  
919 Redwood dr.  
Garberville, CA. 95542  
Office(707)923-9566 Fax(707)923-3130

## **PUBLIC INFORMATION 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 items per form. Requests should clearly describe identifiable records prepared, owned, used or retained by the District.

### **Requestor Information**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: (home) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_

Phone Number: (Business) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email Address: \_\_\_\_\_

### Requested Records (3 items per form)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Cost of Duplication: .10 per page (black and white) copies

\$1.25 per page (color) copies

No Charge for electronic copies

Large Format Copies or bound copies will be charged at the cost of duplication

***Please Check all Boxes that Apply***

- • I wish to inspect the requested records or receive the requested records electronically at no charge. I do not want copies printed at this time.
- • I request that 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 agree to reimburse the Garberville Sanitary District for the direct cost of duplication in accordance with Gov. Code Sec. 6253(b).

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Signature of Requestor:

Note: After preliminary estimate, payment in advance may be required: