



Sierraville Public Utility District
 PO Box 325
 Sierraville, CA 96126-0325

Public Records Request
 Phone: (530) 414-1835
 Email: sierravillepud.325@gmail.com

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 is 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 §'s 6250-6276.48, the District has 10 days to decide if records will be provided. In unusual cases, 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.

No charge for the first 10 pages, \$0.25 each additional page. By submission of this form I hereby agree to reimburse SPUD for the direct cost of duplicating the requested records in accordance with Gov. Code § 6253(b).

REQUESTOR INFORMATION

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

REQUESTED RECORD OR DOCUMENT

<input type="checkbox"/> PAPER COPIES ____ pick up ____ mailed <input type="checkbox"/> FAXED COPIES <input type="checkbox"/> EMAILED COPIES <input type="checkbox"/> ELECTRONIC 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: _____				

I, the undersigned, request copies of the record or document indicated above and agree to pay, the Sierraville Public Utility District 25 cents per page if over 10 pages.

SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

Number of Pages: _____	Copy Fee \$ _____	Other Costs: \$ _____	Total Charges: \$ _____
Date Due: _____	Date Citizen Notified: _____	Staff: _____	