



REQUEST FOR PUBLIC INFORMATION

DATE:		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
PHONE:	FAX:	

In the space below, please provide a detailed description of the information you are requesting:

SUBJECT/TITLE	DATE	DESCRIPTION	TYPE OF RECORD

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(FOR DISTRICT USE ONLY)

Request received by:		Filled by:	
Date:		Time spent:	
Deadline for Written Response (Request date + 10 business days):			
<i>Note: The District must determine within 10 days after receipt of a public records request whether to comply and must immediately notify the requester of such determination and the reasons therefore. Govt. Code Section 6253(c). Thereafter, the District must make the records "promptly available". Govt. Code Section 6253(b).</i>			
Date Document(s) Were... Mailed:		Delivered:	Picked up:
Account Code:			