

Delta Mosquito and Vector Control District

— MANUAL of POLICIES —

POLICY TITLE

Public Records Act Request Form

POLICY NUMBER

1051

PUBLIC RECORDS ACT REQUEST FORM

(Government Code Section 6250, et seq.)

Requestor's Name: _____

Mailing Address: _____

Telephone Number: _____

Fax Number: _____

Specify type of request: Inspection Copies

Specify documents requested for inspection and/ or copying – to assist the District in your request, please identify each requested record/ document separately. Please be as focused and specific as possible. Non-specific or unfocused requests may cause a response to be delayed or the request to be denied (attach additional sheets if needed).

The cost to copy requested documents is 25¢ per page, unless the copying is done by an outside service, in which case the cost will be the actual cost of duplication charged by such outside service.

Dated: _____

(Signature of Requesting Party)

FOR DISTRICT USE ONLY

District Received Stamp