

EXHIBIT "A"

PUBLIC RECORD REQUEST FORM

Date: _____

In accordance with the California Public Records Act (Gov. Code §§. 6250-6277), I am requesting to (check one):

- inspect the following public records receive copies of the following public records

[Please describe in detail the public records you are seeking]

I understand that the District will respond to all Public Records Act requests in compliance with State law.

For copies of the above-listed public records, I understand the following fees schedule will apply: [\$0.15 per page] **or as otherwise provided by law**. I also understand that payment of fees is required in advance of delivery of any requested records. If more than fifty (50) pages are requested, the District may require a deposit before making copies.

Name/Signature of Requester: _____

Address: _____

Phone/Fax/E-Mail: _____