



Humboldt Bay Municipal Water District
 PO Box 95
 Eureka, CA 95502-0095
 Phone - 707-443-5018
 Fax - 707-443-5731

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 § 7920.000-7930.215 et seq, the District has 10 days to decide if records will be provided. You will, therefore, be requested to make an appointment to return at a later date to view the documents requested.

Cal. Gov. Code § 7922.530 ("The agency may impose any reasonable limits on the use of the requester's equipment that are necessary to protect the safety of the records or to prevent the copying of records from being an unreasonable burden to the orderly function of the agency and its employees. In addition, the agency may impose any limit that is necessary to maintain the integrity of, or ensure the long-term preservation of, historic or high-value records.")

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 Humboldt Bay Municipal Water District 25 cents per page.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

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