CAMROSA WATER DISTRICT
BUILDING WATER SELF-RELIANCE

CALIFORNIA PUBLIC RECORDS ACT (CPRA) REQUEST FORM

Date of Request: _____

Requestor Information

Name: _____

Organization (if applicable): _____

Mailing Address: _____

Phone Number: _____ **Email Address:** _____

Description of Records Requested

Please describe the records you are requesting with as much detail as possible, including dates, subjects, departments, projects, addresses, account numbers, or other identifying information that may assist in locating the records.

_____

_____

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Attach additional pages if necessary.

Preferred Method of Receiving Records

☐ Inspection of records in person (*select option*): ☐ Hard-copy ☐ Electronic

☐ Email (electronic copies up to 10 MB) to address above

☐ USB (cost of device based on file size applies)

☐ Electronic Repository (Dropbox, Google Drive, etc.) link: _____

☐ Paper copies ($0.10 per page for black ink only and $0.25 per page for color ink)

- ☐ in person pick-up
- ☐ delivery by mail (postage fee applies)

☐ Other: _____

Fee Acknowledgment

Under the California Public Records Act (Government Code § 7920.000 et seq.), inspection of public records is generally free of charge. Fees may be charged for duplication of records or for the direct cost of producing copies in certain formats. If applicable fees exceed $_____, please contact me before processing my request.

Requestor Signature

Signature: _____ Date: _____

Agency Use Only

Request Received Date: _____

Received By: _____

Request Number: _____

Response Due Date: _____

Disposition:

- ☐ Records provided
- ☐ No responsive records
- ☐ Records available for inspection
- ☐ Request denied in whole or in part
- ☐ Clarification requested
- ☐ Extension notice sent

Completed By: _____

Date Closed: _____

Notes:

_____

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