



KERNVILLE-GLENEDEN BEACH-LINCOLN BEACH WATER DISTRICT
GLENEDEN SANITARY DISTRICT
PUBLIC RECORDS REQUEST



REQUESTOR INFORMATION

Please print

Your Name: _____ Date of Request: _____

Mailing Address _____ Phone Number: _____

City: _____ State: _____ Zip _____

Email Address: _____ Fax Number: _____

Preferred Method of Contact (check one) Mail _____ Phone _____ Email _____ Fax _____

Is your request for Kernville-Gleneden Beach- Lincoln Beach Water District? Yes _____ No _____

Is your request for Gleneden Sanitary District? Yes _____ No _____

What is the purpose of this request?

DESCRIPTION OF RECORDS REQUESTED

Please describe the materials you are requesting in as much detail as possible: type of document, date, etc.
 Please indicate if you want to inspect the records or if you need copies. Charges will apply for copies.

- * The K-GB-LB Water District' staff will respond to your request within a reasonable time.
- * If the estimated costs involved in fulfilling your request exceeds \$25.00, you will be notified and advised of the estimated costs and require your approval before beginning the work.
- * Pre-payment of the estimated costs may be required before taking further action on you request.
- * Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

By signing this request, I indicate I have read and agree to comply with the above conditions, and further agree to pay the cost of fulfilling the Public Records Request according to the conditions set forth above. These costs may include the cost of locating records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mail records. I agree to pay up to \$25 without further approval.

 Signature of Requestor

 Date

FOR OFFICE USE ONLY

Date Received _____ Date Completed _____ Method M P E F Initial _____