

ROSSMOOR COMMUNITY SERVICES DISTRICT

PUBLIC RECORD REQUEST FORM



DATE: _____

I am requesting to (check one):

Inspect the following public records

Receive copies of the following public records

The charge for Public Records are 20 cents per black and white copy and 25 cents per color copy.

Please describe in detail the public records you are seeking:

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| • |

Printed Name

Address:

Phone:

Fax:

E-mail Address:

This request will be processed in compliance with the California Public Records Act, Government Code Section 6250 et seq. The RCSD Staff shall determine within 10 days after receipt of a request whether the request, in whole or in part, identifies disclosable public records in the possession of RCSD. RCSD shall promptly notify the requestor of its determination and the reasons therefore. I understand that I will be advised in writing if more than 10 days will be required for RCSD to make a determination regarding this request. I understand that there will be a charge for copies if copies of records are requested. For copies of the above-listed public records, I agree to pay RCSD a copying charge of twenty cents per page (twenty five cents for color). 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. I will be notified in writing if RCSD does not have the requested records.

Signature of Requestor: **X**

Total No. of Black & White Copies Requested

X 0.20

=

Total No. of Color Copies Requested

X 0.25

=

Total Cost of Public Record Request

=