

CHINO VALLEY INDEPENDENT FIRE DISTRICT

Public Records Request Form

Date Requested: _____

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

- Inspect the following public records Receive copies of the following public records

(Please provide sufficient detail to assist in locating the public records you are seeking.)

Type of Record(s) _____ Date of Records: _____

Incident Location (if applicable): _____

Additional Information: _____

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

For Copies of the public records listed above, I understand that District copying fees or statutory fees for copying will apply. I understand that I will be responsible for payment of all copying fees in advance of delivery of any requested copies. I also understand that the District has 10 days to determine if the request seeks disclosable records in the District's possession. In some instances, the time may be extended by written notice if additional time is required to search for and collect the information requested, as set forth in the Districts Public Records Request Policy. All requests are subject to District legal counsel review to confirm legal compliance prior to releasing public records for inspection or delivery of copies.

District staff will assist the public in identifying the records and make every effort to locate the records in a reasonable amount of time.

If more than fifty (50) pages are requested, the District may require a deposit before making copies.

Name/Signature of Requestor (Optional)

Address

City/State

Zip Code

Phone/fax/E-Mail:

PUBLIC RECORDS REQUEST FORM

FOR STAFF USE ONLY

Copy(ies) Provided Yes No Partial

If copies of public records were provided, list a brief description of all document(s).

If records were determined to be **exempt from public disclosure**, list or describe the document(s). (i.e., personnel files, attorney/client privilege documents, preliminary drafts, pending litigation or claims, etc.)

Describe any partial records provided.

Document all requests by District for additional information needed to locate a requested record.

Estimated number of pages: _____

Total copy charges due: _____

Amount of Deposit (if required): _____

Total Payment Received: _____

Payment received by: _____ Date: _____

Receipt No.: _____

Request Completed by: _____ Date: _____

Signature