



Public Record Request Form

Name: _____ Date: _____

Address: _____

Telephone #: (____) _____ Other #: (____) _____

___ Pick up ___ Send via Mail

I am requesting to (check one):

inspect the following public records receive copies of the following public records

[Please describe in detail the public records you are seeking]

THIS REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE CALIFORNIA PUBLIC RECORDS ACT, as codified in California Government Code Section 6250 *et seq.* The Rosamond Community Services District (RCSD) staff shall determine within ten (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 certain documents may not be disclosed under the Public Records Act. I understand that RCSD has the option of extending this deadline an additional fourteen (14) days, for a total of twenty-four (24) days. I understand that I will be advised in writing if more than ten (10) days will be required for RCSD to make a determination regarding this request. I understand there will be a charge to receive copies of requested records. For copies of the above-listed public records, I agree to pay RCSD a copying charge of twenty five cents (.25) per page, or as otherwise provided by law. I also understand that payment of fees is required in advance of delivery of any requested records. I understand that I will be notified of cost before copies are processed. I will be notified in writing if RCSD does not have the requested records.

Signature: _____