

Pleasant Valley Recreation and Park District 1605 E. Burnley Street Camarillo, CA 93010

Public Records Request Phone: (805) 482-1996

_____ DATE:____

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Identify <u>specifically</u> the type of record or document you are requesting, one record type per form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. Staff is available to assist you in identifying those records in the District's possession. The District is not required by law to create a new record or list from an existing record.

Please note that if you are requesting the opportunity to inspect records, the District must be given time to locate and review documents that are responsive to your request in order to comply with the provisions of the Public Records Act. Pursuant to Public Records Act Gov't Code 7920.000-7930.215, the District has 10 days to decide if records will be provided. In unusual cases, and with written notice, the District may give itself an additional 14 days. You will, therefore, be requested to make an appointment to return at a later date to view the documents requested.

There is no copying charge for the first 10 pages, \$0.25 each additional page. By submission of this form I hereby agree to reimburse PVRPD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 7922.530(a)

REQUESTOR INFORMATION

DATE:_____ NAME:__ COMPANY (if applicable): MAILING ADDRESS:___ STATE: ZIP CODE: PHONE #: Cell #: EMAIL:____ REQUESTED RECORD OR DOCUMENT □ PAPER COPIES ____ pick up ____mailed □ EMAILED COPIES □ ELECTRONIC COPIES ☐ RECORDS INSPECTION (in-person) ☐ OTHER_____ NAME OF RECORD OR DOCUMENT: RECORD OR DOCUMENT DESCRIPTION:____ I, the undersigned, request copies of the record or document indicated above and agree to pay, the Pleasant Valley Recreation and Park District 25 cents per page if over 10 pages.

FOR OFFICE USE ONLY

SIGNATURE:

Number of Pages:	Copy Fee \$	Other Costs: \$	Total Charges: \$
Date Due:	Date Citizen Notified:		Staff: