

# 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**

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Copy(ies) Provided            Yes            No            Partial

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

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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.)

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Describe any partial records provided.

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

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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