Date of Request \_\_\_\_\_\_\_\_\_\_\_

**REQUESTOR INFORMATION**

|  |  |  |
| --- | --- | --- |
| First Name: | Last Name: | Title: |
| Firm/Company Name/Self: | Address: |
| Phone No./Ext.: | Fax No.: | Email: |

 ***I respectfully request certain public records pursuant to the California Public Records Act, (Government***

 ***Code Sec 6250-6276.48). I understand a $.10 charge per page up to 99 pages will be collected and $.14***

 ***Per page for 100 pages or more. There is no charge for electronic copies.***

**DOCUMENT(S) REQUESTED**

|  |  |  |  |
| --- | --- | --- | --- |
| **Document Title/Subject** | **Date of Document** | **Pages** | **Total Copies** |
|  |  | \_\_\_\_\_ of \_\_\_\_\_ |  |
|  |  | \_\_\_\_\_ of \_\_\_\_\_ |  |
|  |  | \_\_\_\_\_ of \_\_\_\_\_ |  |
|  |  | \_\_\_\_\_ of \_\_\_\_\_ |  |
|  |  | \_\_\_\_\_ of \_\_\_\_\_ |  |

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|  |
| **Requestor Signature** |

***Disclosure***

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| ***Legal records (subject to Attorney-Client Privilege and any other applicable provisions of law) and Legal Public Records should be requested directly from the District’s Legal Counsel: Nossaman LLP, 777 South Figueroa Street, 34th Floor, Los Angeles, CA 90017 ATTN: Alfred Smith (213) 612-7800.******The District reserves the right to delete any portion of the material requested that is exempt by applicable provisions of law, but shall provide the remainder of the information as requested.*** |

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***For Official Use Only***

*Date request received:\_\_\_\_\_\_\_\_\_\_ Received by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Forwarded to for Completion:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Date documents released: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Information Released:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Pages:\_\_\_\_\_\_\_\_ Total Copies:\_\_\_\_\_\_ Total Charge:\_\_\_\_\_\_\_\_\_\_\_\_ Paid By: Cash\_\_\_\_ Check\_\_\_\_\_*

*Request denied: Yes / No Reason for denial of release of documents:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*