



PUBLIC RECORDS REQUEST FORM

3707 Old Highway 395
 Fallbrook, CA 92028
 Phone: (760) 728-1178
www.rainbowmwd.com

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 7920.000, et.seq.). 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 ____	

 Requestor Signature

Disclosure

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.

For Official Use Only

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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: \_\_\_\_\_