



Office Use Only
CONTROL NUMBER

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Identify specifically the type of records you are requesting. Please limit your request to one facility or site address for each request form filed. Additional forms or pages may be used if requesting information for more than one facility or site address. Requests should reasonably describe identifiable records prepared, owned, used or retained by the District. District staff is available to assist you in identifying those records on the District's possession. The District is not required by law to create a new record or list from an existing record. By submission of this form I hereby agree to reimburse the District for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

REQUESTOR INFORMATION

NAME:		DATE:	
COMPANY:			
MAILING ADDRESS:			
CITY:		STATE:	
PHONE #:		FAX #:	
		EMAIL:	

DOCUMENTS REQUESTED

<input type="checkbox"/> Permit Application(s)	<input type="checkbox"/> New School Site Review (Toxic Sources within ¼ mile)	<input type="checkbox"/> Air Monitoring Data
<input type="checkbox"/> Permit(s) to Operate	<input type="checkbox"/> Site Inspection Report(s)	<input type="checkbox"/> Other (<i>please detail below</i>)
<input type="checkbox"/> Authorities to Construct	<input type="checkbox"/> Source Test Report(s)	
<input type="checkbox"/> Engineering Evaluations	<input type="checkbox"/> Complaint Investigation Report(s)	
<input type="checkbox"/> Emissions Inventory Statement(s)	<input type="checkbox"/> Enforcement Action(s)	
<input type="checkbox"/> Health Risk Assessment(s)	<input type="checkbox"/> Asbestos Notification(s)/Record(s)	

If requesting any records not listed above, please describe below in detail. If you need assistance, please call (559) 230-6000.

DATE OF DOCUMENTS REQUESTED: _____ From: _____ To: _____

FACILITY/ADDRESS FOR WHICH INFORMATION IS REQUESTED (If Applicable)

FACILITY NAME: _____	FACILITY ID # (if known): _____
FACILITY ADDRESS: _____	
CITY: _____	STATE: _____ ZIP CODE: _____

METHOD OF DELIVERY (Check all that apply)

<input type="checkbox"/> Pick Up	<input type="checkbox"/> FAX (Max 30 pages)	<input type="checkbox"/> Email (Max 5 MB)
<input type="checkbox"/> US Mail	<input type="checkbox"/> CD/DVD	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Inspection of records only, no copies required (District will contact you to setup up an appointment to view records)		

I request that the District contact me prior to completing the records request if the cost exceeds \$ _____