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 Phone (530) 675-2567 ♦ Fax (530) 675-0462 ♦ Email [www.nywd.org](http://www.nywd.org)

## PUBLIC RECORDS REQUEST FORM

To facilitate processing your Public Records Act request, we encourage you to use the electronic form provided on NYWD’s website; the completed form may be submitted to email@nywd.org and will be forwarded for handling.

To be completed by NYWD

Date Received	Time	Received By			
Request Made By:	Phone	Email	In-Person (Oral)	In-Person (Written)	Mail

Are you willing to sign this form once completed as confirmation of the items you are requesting?  
 Yes No

**Requestor’s Information – print or type** [\*indicates required field]:

\*First Name: \_\_\_\_\_ MI: \_\_\_\_\_ \*Last Name: \_\_\_\_\_

\_\_\_\_\_ \*Address \_\_\_\_\_ \*City \_\_\_\_\_ \*State \_\_\_\_\_ \*Zip \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Is there specific information you are requesting? If so, check all boxes that apply.

	Email	Board Member:			
		Subject Matter:			
		Time frame:			
	Policy	Specific Policy:		Specific Manual:	
	Financial records (provide date range and type of records sought):				
	Billing records (provide date range and type of records sought):				
	Maintenance records (provide name of structure, substructure, or other available identification [or specific physical area if unnamed], date or date range, and type of records sought [such as what maintenance was performed, by whom, etc.]):				
	Board actions (provide specific action or project or date for which you seek information):				

	Specific incident (provide incident description, date/time of occurrence, and type of records sought):
	Other (specify):

How would you like to receive the requested items?

	US Mail (if to same address as above, indicate "same"; otherwise, provide alternate mailing address; fees apply <sup>1</sup> ):
	Email (if to same address as above, indicate "same"; otherwise, provide alternate email address):
	Pick up – Letter with link to electronic version of requested items
	Pick up – Copy of actual documents (fees apply <sup>1</sup> )

<sup>1</sup> Pursuant to Government Code section 6253(b), agencies may charge for direct costs of duplication. Hardcopy (paper) production of records in response to this request will be charged at the following rates: (a) \$.25 per page for black-and-white 8½" x 11" or legal-sized copies; (b) \$.50 per page for color copies and/or ledger-sized copies; (c) \$10.00 to duplicate a CD or DVD; (d) staff time for actual duplication; and (e) actual cost for documents that must be outsourced for duplication. Duplication costs must be paid prior to NYWD releasing the records.

Do you have any further questions regarding your request?

Yes

No

	If yes, please list:
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Would you like someone to contact you by phone regarding your request?

Yes

No

Requestor Signature (e-signature accepted)

Requestor Printed Name

Information below this line to be completed by NYWD

\_\_\_\_\_ Initial confirming this form has been read back to the requestor to confirm the request was understood correctly and completely (if received by phone).

\_\_\_\_\_ Initial confirming copy of request given to requestor (if completed at District).

\_\_\_\_\_ Initial confirming this form has been scanned and provided (if received in hardcopy) or forwarded (if received by email) to District counsel.

\_\_\_\_\_ Initial that prepayment of any required costs was received prior to release of documents.

Costs paid (amount): \_\_\_\_\_ Date costs paid: \_\_\_\_\_

Payment method and details: \_\_\_\_\_ Date documents released: \_\_\_\_\_