



# PARADISE IRRIGATION DISTRICT

6332 Clark Road, Paradise CA 95969 | Phone (530)877-4971 | Fax (530)876-0483

## PUBLIC RECORDS ACT REQUEST FORM

### INSTRUCTIONS

1. This form is used only for those requests for public records made pursuant to the California Public Records Act (Government Code Section 6250 et seq.). Use of this form by public individuals is voluntary. Requests for public records should be in writing and should be as specific as possible. Paradise Irrigation District (PID) is not required by law to create a new record or list from an existing record.
2. PID charges \$0.20 per-page fee for the production of 8 ½ x 11 copies and \$5.00 for a CD pursuant to Government Code Section 6253. Copies of records will be provided only after PID has received these reproduction fees from the requestor.
3. Please note that if you are requesting the opportunity to inspect records stored at this office, the District must be given time to locate and review documents that are responsive to your request in order to comply with the provisions of the Public Records Act. If necessary, you may be requested to make an appointment to return at a later date to view the documents. The District Office is located at 6332 Clark Road, Paradise, CA 95969. Public records are open to inspection during regular office hours, Monday through Friday, 9 a.m. to 4 p.m., except for District holidays.

### REQUESTOR INFORMATION

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Preferred method of contact in the event of questions: \_\_\_\_\_

### REQUESTED RECORDS

Please be as specific as possible. General descriptions and broad requests will cause uncertainty and delay the processing of your request. Attach extra sheets if necessary.

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Time period covering documents requested: \_\_\_\_\_

- I wish to inspect the requested records, where applicable, and do not want copies produced at this time.
- I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.

Signature of Requestor: \_\_\_\_\_