

**Santa Ynez River Water Conservation District, Improvement District #1**  
3622 Sagunto Street - P.O. Box 157  
Santa Ynez, Ca. 93460  
Phone: (805) 688-6015  
Fax: (805) 688-3078



## PUBLIC RECORDS ACT REQUEST FORM

To expedite your request and to eliminate opportunities for error, please fill out this form completely with as much detail as possible and identify specifically the records you are requesting. Requests should reasonably describe identifiable records prepared, owned, used or retained by the Santa Ynez River Water Conservation District, Improvement District #1(District).

Please note that if you are requesting the opportunity to inspect records stored at the District office, time must be given to the District to locate and review documents that are responsive to your request in order to comply with the provisions of the Public Records Act. You will, therefore, be requested to make an appointment to return at a later date to view the documents.

You will be charged \$.25/copy for duplication for any documents. **Documents will NOT be copied until payment has been received.**

### REQUESTER INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred method of contact in the event of questions: \_\_\_\_\_

### REQUESTED RECORDS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 Requester

\_\_\_\_\_  
Date