



Public Records Request Form

Received Date:

Requestor Name: _____ Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

E-Mail Address: _____ Phone: _____

DESCRIPTION OF RECORDS REQUESTED: Please be as specific as possible.

I wish to: Review original documents Obtain copies (a copy fee may apply)

The California Public Records Act (Government Code Section 6250 et seq.) provides citizens with important rights to obtain access to records held by public agencies, and the Murphys Sanitary District responds to requests in accordance with these terms. This request form may be mailed, emailed, or submitted in person at the District. This form is available online at www.murphyssd.org.

DESCRIPTION OF RECORDS REQUESTED (continued, if necessary)

FOR INTERNAL USE ONLY

Approval	Denial	Reason, if Denied:
District Manager: _____	_____	_____
District Counsel: _____	_____	_____
Department Head: _____	_____	_____

Document/response provided on (date) _____ by:

Mail Counter E-mail Fax Phone Other _____

Comments:

Staff Member(s): _____ Staff Time: _____