



CACHUMA OPERATION & MAINTENANCE BOARD

3301 Laurel Canyon Road
 Santa Barbara, California 93105-2017
 Telephone (805) 687-4011
 www.cachuma-board.org

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for COMB records, please fill out this form completely. Identify specifically the type of record or document you are requesting, one record type per form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by COMB. Staff is available to assist you in identifying those records in the COMB's possession. The District is not required by law to create a new record or list from an existing record.

Please note that if you are requesting the opportunity to inspect records, the COMB 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. Pursuant to Public Records Act Gov't Code Sections 6250-6276.48, COMB has 10 days to determine whether it has the requested records and whether any such records will be provided. In unusual cases, and with written notice, COMB may give itself an additional 14 days in which to respond. You will, therefore, be requested to make an appointment to return at a later date to view the documents requested.

No charge for the first 10 pages, \$0.12 (12 cents) each additional page. By submission of this form I hereby agree to reimburse COMB for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

REQUESTOR INFORMATION

NAME: _____ DATE: _____
 COMPANY (if applicable): _____
 MAILING ADDRESS: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 PHONE #: _____ Cell #: _____ FAX #: _____
 EMAIL: _____

REQUESTED RECORD OR DOCUMENT

PAPER COPIES ___ pick up ___ mailed FAXED COPIES EMAILED COPIES ELECTRONIC COPIES
 RECORDS INSPECTION (in-person) OTHER _____
 NAME OF RECORD OR DOCUMENT: _____
 RECORD OR DOCUMENT DESCRIPTION: _____

 TIME PERIOD OF DOCUMENT REQUESTED: From: _____ To: _____

I, the undersigned, request copies of the record or document indicated above and agree to pay, the Cachuma Operation and Maintenance Board 12 cents per page if over 10 pages.

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

Number of Pages: _____ Copy Fee \$ _____ Other Costs: \$ _____ Total Charges: \$ _____
 Date Due: _____ Date Completed: _____ Staff: _____