

CALAVERAS COUNTY WATER DISTRICT

PO BOX 846
SAN ANDREAS CA 95249

REQUEST FOR INSPECTION AND/OR COPIES OF PUBLIC RECORDS

Description of records to be inspected or copied. Please describe with particularity including date and title if known in order to assist staff in locating the record(s).

If it is presently impracticable to provide such records for inspection or copying, CCWD will promptly notify you of the date(s) on which such records will be made available to you if you leave your address/phone number below.

If the records are exempt from disclosure, you will be so informed and you will be given the name and title of the person(s) making such decision and the reasons therefor.

NAME _____

ADDRESS _____

TELEPHONE # _____ FAX # _____

E-MAIL _____

DATED _____ BY _____

CCWD Approval _____

Costs: _____ pages at \$.25-----\$ _____
_____ staff hours @ \$ _____-----\$ _____
_____ blueprints/plotted maps @ \$2/sheet-----\$ _____
_____ mylar/scanned maps @ \$3/sheet-----\$ _____
_____ other _____-----\$ _____

Total-----\$ _____

NOTE: ALL COSTS MUST BE PAID UPFRONT PRIOR TO COPIES BEING MADE UNLESS SPECIAL ARRANGEMENTS MADE. IN CASE OF ESTIMATES, ESTIMATED AMOUNT TO BE PAID UPFRONT WITH REMAINDER AFTER COPIES ARE COMPLETED AND TALLY MADE.