

MONTARA WATER AND SANITARY PUBLIC RECORDS REQUEST FORM

ATTENTION: To fulfill your request for inspection of records please complete this form and identify specifically the record(s) you wish to inspect. Requests must reasonably describe identifiable records prepared, owned, used, or retained by the District. Please note that copies are subject to payment of a fee.

REQUESTOR INFORMATION

Name:

Date:

Company:

Mailing Address:

City:

State:

Zip:

Phone Number:

Fax Number (optional):

Email Address (recommended):

REQUESTED RECORDS

Please clearly describe each requested record or document (use additional copies of this form, as necessary)*

[Empty box for describing requested records]

Time Period of Document Requested From: To

[Empty box for describing requested records]

Time Period of Document Requested From: To

* Requests that are not specific and focused will be returned for more information. If requested, District staff will assist you in making focused and effective requests for identifiable records. The District will not create new documents or records in response to a request.

Signature of Requestor

Office Use Only
Date request received:
Date initial response issued:
Date response was closed:

Submit requests by mail, email or fax to:
Judy Gromm (clerk.mwsd@coastside.net)
Montara Water and Sanitary District
8888 Cabrillo Hwy., Montara, CA 94037

Regular Office Hours: 8AM – 5PM
(650) 728-3545 Fax: (650) 728-8556