

PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To fulfill your request for records, please fill out this form completely, and identify specifically the type of records you are requesting. Requests must reasonably describe identifiable records prepared, owned, used, or retained by the Sausalito-Marín City Sanitary District. Please note that the District may charge a copy fee, depending upon the nature and extent of the records request.

REQUESTOR INFORMATION

Name:	Date:
Company:	
Mailing Address:	
City:	State: Zip Code:
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)**

Time Period of Document Requested	From:	To:

Time Period of Document Requested	From:	To:

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

Submit requests by mail, email or fax to:

*Office Manager
Sausalito-Marín City Sanitary District
1 East Rd.
Sausalito, CA 94965-2575
info@smcsd.net
Fax (415) 332-0453*

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