

PUBLIC RECORDS REQUEST FORM

EASTERN MUNICIPAL WATER DISTRICT
P O Box 8300
Perris, CA 92572-8300

Date: _____

I, _____ representing _____
(Name) (Firm, Company, etc.)

respectfully request certain public records pursuant to the California Public Records Act (Section 6250 and following of the Government Code):

TITLE/DOCUMENT	NUMBER/DESCRIPTION	DATE/PERIOD	PAGES	TOTAL COPIES

I understand that there is a charge for reproduction of all materials that I request and I agree to pay for all direct costs of duplicating materials received.

(Signature) Name: _____
(Type or Print)

Title: _____ Firm: _____

Mailing Address: _____

City, State & Zip: _____

Email address: _____ Phone Number: _____

NOTE: Legal records (subject to Attorney-Client Privilege and any other applicable provisions of law) and Legal Public Records should be requested directly from the District's Legal Counsel: Redwine and Sherrill, 1950 Market Street, Riverside, CA 92501 (951) 684-2520

The District reserves the right to delete any portion of the requested material that is exempt by applicable provisions of law, but shall provide the remainder of the information as requested.

FEES: Refer to attached Form S.F. EN-19, which may be revised periodically to cover the direct costs of duplication.

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