PUBLIC RECORDS REQUEST FORM

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

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

<table>
<thead>
<tr>
<th>TITLE/DOCUMENT</th>
<th>NUMBER/DESCRIPTION</th>
<th>DATE/PERIOD</th>
<th>PAGES</th>
<th>TOTAL COPIES</th>
</tr>
</thead>
<tbody>
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I understand that there may be a charge for reproduction of all materials that I request and I agree to pay for all direct costs of duplicating materials received. (Refer to Form S.F. EN-19 for print charges, which may be revised periodically to cover the direct costs of duplication).

<table>
<thead>
<tr>
<th>(Type or Print your Name here)</th>
<th>(Your Signature here)</th>
</tr>
</thead>
</table>

Title: __________________________ Firm: __________________________
Mailing Address: __________________________
City, State & Zip: __________________________
Phone Number: __________________________
Email Address: __________________________
Overnight Account Number: __________________________
(For faster service and no postage fee)

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NOTE: Legal records may be subject to Attorney-Client Privilege and any other applicable provisions of law. The District reserves the right to omit any portion of the material requested that is exempt by applicable provisions of law, but shall provide the remainder of the information as requested.

TOTAL AMOUNT DUE __________________________

c: Records Management