

Public Records Request Form

Name:		Phone Number:	
Mailing Address:	Email Address:		
Date or Date Range of Records:			
Description of Records Request:			
Format of Requested Record:			
Electronic Copy	Paper Copy	In Person	Mail
For questions, concerns, or to sub office at 530-587-3914 or via ema	•	·	ct the District Clerks

For Office Use Only:

Received By:

Date Received:

Response Date: _

* If a request for Public Record is denied, the District shall notify the applicant with an

Department and Requester, in writing, of the final determination.

explanation within ten (10) days of receipt of the request. Denial may be appealed in writing to the General Manager, within ten (10) days of the decision to deny the request. Within ten

(10) days of receipt of an appeal, the General Manager shall review the decision, consult with General Council as appropriate, confirm or reverse the decision, and notify the Clerks