

PLEASE MAIL OR FAX TO:
MARINA COAST WATER DISTRICT
11 Reservation Road
Marina, CA 93933
Tel: (831) 384-6131
Fax: (831) 883-5995

TO SUBMIT VIA EMAIL:
PRISO@MCWD.ORG



PUBLIC RECORDS REQUEST FORM

Please complete this form with as much detail as possible. If you know the names of the records you are requesting, please provide the names in the space provided below. Otherwise, please describe specifically the type or category of records you are requesting. Staff is available to assist you in identifying the records based on your description. Records are retained by the District pursuant to the Records Retention Policy adopted by the Board of Directors.

Please note that if you are seeking to inspect records stored at the District office, staff will require time to locate and review documents that are responsive to your request. You may be asked to schedule an appointment to return at a later date to view the documents.

If you are requesting copies of records, you will be charged the direct cost of duplication (\$.20 per page for standard 8 1/2" x 11" size). The charge for copies of large drawings or maps will be determined on a case-by-case basis. CD's or audio tapes are \$5 each. When copies are made, you will be notified of the cost. The documents will be provided once payment is received.

REQUESTER INFORMATION

Name: _____ Date: _____

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

REQUESTED RECORDS

Time period covering documents requested: _____

Check One:

_____ I wish to inspect the requested records, and do not want copies produced at this time.

_____ I would like copies of the requested records and I understand and agree that I will be required to make payment for the copying costs prior to receiving copies of the requested records.

Requester (Please Print)

Requester Signature