



Bel Marin Keys
Community Services District

PUBLIC RECORDS AND INFORMATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____ Email: _____ Fax: _____

RECORDS OF INFORMATION REQUESTED:

1. _____
2. _____
3. _____
4. _____

PUBLIC INFORMATION WILL BE PROVIDED TO YOU AT THE EARLIEST POSSIBLE TIME WHICH WILL NOT INTERRUPT THE DISTRICTS NORMAL COURSE OF WORK (M-F 8:30AM - 5PM).

WITHIN 10 DAYS OF THIS REQUEST, YOU WILL BE INFORMED OF THE ESTIMATED TIME NECESSARY TO PREPARE THE RESPONSE, AND THE ESTIMATED COST ASSOCIATED WITH STAFF RESEARCH AND COPYING INFORMATION YOU REQUESTED. IN CERTAIN CASES THE DISTRICT MAY GIVE ITSELF, WITH WRITTEN NOTICE, AN ADDITIONAL 14 DAYS TO RESPOND.

PUBLIC INFORMATION FEE SCHEDULE	
ITEM DESCRIPTION	FEE/CHARGE
DOCUMENT PHOTOCOPYING (IN HOUSE)	.20 cents per page for 8.5 x 11 or smaller .25 per page for 8.5 x 14 .30 per page for 11 x 17 TIME CHARGES APPLY FOR LARGER ITEMS, \$30 PER HOUR COPYING CHARGE.
DOCUMENT PHOTOCOPYING (OUTSIDE)	Actual cost plus \$20 per hour time charged
AUDIO CASSETTE COPY	\$20 per cassette plus \$20 hour time charged

METHOD OF DELIVERY: PICK UP _____ ELECTRONIC (IF APPLICABLE) _____

SIGNATURE: _____

FOR GENERAL MANAGER USE ONLY			
DATE RECEIVED: _____	APPROVED/DISAPPROVED: _____		
COMPLETED BY: _____	DATE: _____		
AMOUNT DUE: _____	DATE PAID: _____	PAYMENT METHOD: _____	

DATE JUNE 2012, SUPERCEDES PREVIOUS FORMS