

# Public Records Inspection and Copy Request Form



**Office of the Assistant General Manager/CAO**  
Western Municipal Water District  
450 E. Alessandro Boulevard  
Riverside, CA 92508

**Name of Requestor** \_\_\_\_\_ **Affiliation** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

I wish to request the following public records pursuant to the California Public Records Act (Government Code §§6250-6276.48):

Please attach additional sheets as necessary.

Title/Document _____		
Description _____		
Date/Year of document _____	<input type="checkbox"/> Inspect only	<input type="checkbox"/> Request copies
If requesting copies, indicate copy amount _____	<input type="checkbox"/> Mail copies	<input type="checkbox"/> Will pick up copies
For Office Use: Date of compliance _____	Staff Name _____	
Title/Document _____		
Description _____		
Date/Year of document _____	<input type="checkbox"/> Inspect only	<input type="checkbox"/> Request copies
If requesting copies, indicate copy amount _____	<input type="checkbox"/> Mail copies	<input type="checkbox"/> Will pick up copies
For Office Use: Date of compliance _____	Staff Name _____	
Title/Document _____		
Description _____		
Date/Year of document _____	<input type="checkbox"/> Inspect only	<input type="checkbox"/> Request copies
If requesting copies, indicate copy amount _____	<input type="checkbox"/> Mail copies	<input type="checkbox"/> Will pick up copies
For Office Use: Date of compliance _____	Staff Name _____	

I understand that there is a charge for duplication of all materials that I may request and I agree to pay for those copies before receiving the material.

**Requestor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_