



REQUEST FOR PUBLIC INFORMATION

Date: _____

Submitter: _____

Address: _____

Contact Phone: _____ Fax: _____

In the space below, please provide a detailed description of the information you are requesting:

Subject/Title	Date	Type of Record

**Cost for photo copies, (8.5" x 11" and 8.5" x 14"):
15 cents per page single sided / 20 cents per page double sided**

All other size copies will be charged at the cost of reproduction.

(for office use only)

Request received by: _____	Filled by: _____
Date: _____	Time Spent: _____
Deadline for Written Response: Date request made + ten (10) business days = _____	
(Note: The District must determine within 10 days after receipt of a public records request whether to comply and must immediately notify the requester of such determination and the reasons therefore. Govt. Code Section 6253(c). Thereafter, the District must make the records "promptly available". Govt. Code Section 6253(b).	
Documents: mailed delivered picked up Date: _____	
Costs/Accounting code: (fees/applied to) _____	

**NOVATO SANITARY DISTRICT
500 DAVIDSON STREET, NOVATO CA 94945
PHONE (415) 892-1694 FAX (415) 898-2279**