

Virgin Valley Water District Public Records Request Form

Requestor: _____ Date of Request: _____
 Address: _____
 E-mail: _____ Phone Number: _____

I hereby request the following Virgin Valley Water District public records be: A) made available for review and inspection
 B) copied C) copied and certified (**please circle one**).

Documents Requested

Please be as specific as possible and include names and dates of the documents if known. This will help us respond to your request as quickly as possible.

1.	6.
2.	7.
3.	8.
4.	9.
5.	10.

I understand there is a charge for copies of public records. Further, I understand that if the estimated cost of the copies I have requested is \$25.00 or more, I will be required to pay in full prior to reproduction. Materials will be held for 14 days. If not retrieved, I will be charged in full for a second reproduction in addition to any unpaid original charges. Advance payment will be forfeited if the material is not retrieved.

Signature: _____

This form is a public record and will be retained for a period of one year from creation.

This section to be completed by Virgin Valley Water District Staff:

Type of Request: Routine Extraordinary (**circle one**)

Use following for calculation of charges:

Number or copies _____ X \$1.00 per standard page = \$ _____
 + Certification Fee (for certified copies): Number of certified copies _____ X \$ _____ per certification
 Audio Recording(s) _____ X \$10 per disk = \$ _____

If an Extraordinary request:

Number of staff hours _____ X (rate) _____ = \$ _____
 Type of material _____ (cost) _____ = \$ _____

Determination of Access if Document is not a known public record

Attorney Referral Date Sent: Date Returned:
 Access Granted Yes No (**circle one**)

Reason for Denial: (addendum if necessary)

Staff Notes & Status

Completion Date: _____ By: _____ (Initials)
 Delivered to: _____ Date: _____ By: _____