

Public Records Request Form

Request for access to Monterey Peninsula Water Management District records or files.

A written request is not request is not request in writing to a				
Name(You are not required to list your		_ Organiza	tion	
(You are not required to list your	name or organiz	ration)		
 The District will determine, with notify you of the determination a identify below. 				
Email:	Pho	ne:		7 Fax:
U.S. Mail (Mailing Address)			
• Describe the requested records. records.	If you are reques	ting multiple item	s, please number t	hem. Includes dates of
• Would you like to inspect the reco		$\overline{}$	records.	
Yes. Contact me to set an a	ppointment.	/ No		
 Payment is required prior to dupl \$0.10 per photocopied pag For two sided copies, the company \$5.00 per CD-ROM or DV \$8.00 per USB Drive 	ge (8.5" x 11", 8. charge is \$0.10 p	5" x 14" and 11" z er side		
 Actual duplication costs of For large copy jobs, an ou Preparation of a new record based on labor and time to 	tside vendor may d that requires d	y be utilized and year at a compilation, ear	ou will be charged	the vendor's fee
 I agree to pay duplication and po amount, I request to be contacted 			here	If costs will exceed that
• Method of Delivery for Duplicate Pick up at District office	ed Records: Email	Fax (15 pa	nge maximum)	U.S. Mail
• Requests may be submitted in on Fax – 831-644-9560; U.S. Mail –			l – <u>arlene@mpwm</u>	<u>d.net;</u> Phone 831-658-5652

Thank you for the request. If you have questions, please contact the MPWMD office at 831-658-5610.