



# CAYUCOS SANITARY DISTRICT

200 Ash Avenue  
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www.cayucosd.org  
805-995-3290

## PUBLIC RECORD REQUEST FORM

Please make your request as specific as possible and provide dates, Resolution/Ordinance numbers, etc. whenever possible. Non-specific requests may incur additional charges for research time and/or may be delayed if the request requires copious research or voluminous compilation.

REQUESTED DOCUMENT(S) (Specific Name):	ADDITIONAL INFORMATION (Type of Document, Document Date, etc.):

I understand that pursuant to The California Public Records Act, Government Code Section 6253, the Cayucos Sanitary District has 10 days to determine whether there are documents responsive to my request, if my request encompasses disclosable public records, and to notify me of its determination.

### CHOOSE ONE:

If it is determined that there are responsive documents and that the responsive documents are disclosable public records, I elect to receive a digital copy via email.

**Applicant's Email Address:** \_\_\_\_\_

If it is determined that there are responsive documents and that the responsive documents are disclosable public records, I elect to receive a hardcopy in the mail.

**Please Note: *Copying and postage fees apply.***

**Applicant's Mailing Address:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Applicant Name (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_