SPECIAL DISTRICT RISK MANAGEMENT AUTHORITY
PUBLIC RECORDS REQUEST FORM

The California Public Records Act (Government Code 6250, et seq.) was enacted to ensure public access to public records. This form will enable Authority staff to fulfill your request accurately and efficiently. You will be charged the direct cost of duplication, as set forth in Board Policy 2022-03 Governing Record Inspection. Documents will not be copied until payment has been received.

To expedite your request for Authority records, please identify specifically the type of records you are requesting. Requests should reasonably describe identifiable records prepared, owned, used or retained by the Authority. The Authority is not required by law to create a new record or list from an existing record.

Name: _____ Date of Request: _____

Contact Preference (please circle): Email Phone Fax In-Person U.S Mail

Phone/Fax:_____ Email: _____

Address:_____

Full description of document(s). Please be as specific as possible and include date(s), if known (if necessary, add additional pages).

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YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE PUBLIC RECORDS ACT.
Within 10 days from receipt of the request, the Authority will determine whether the request, in whole or in part, seeks copies of disclosable public records and will promptly notify the person making the request of the determination and the reasons therefore. As permitted by law, in unusual circumstances, the time limit to respond may be extended. "Unusual circumstances" means: 1) The need to search for and collect the requested records from field facilities or other establishments that are separate from the office processing the request; 2) The need to search for, collect, and appropriately examine a voluminous amount of separate and distinct records which are demanded in a single request; 3) The need for consultation, which shall be conducted with all practicable speed, with another agency having substantial interest in the determination; or 4) The need to compile data, to write programming language or a computer program, or to construct a computer report to extract data.

Signature of Requester_____ Date _____

Submit completed request forms via email at info@sdrma.org, via fax to (916) 231-4111, or via U.S. Mail to SDRMA, attention Management Analyst, 1112 I Street Suite 300, Sacramento, California 95814