

ROWLAND WATER DISTRICT

3021 South Fullerton Road
P.O. Box 8460
Rowland Heights, California 91748
(562) 697-1726
(562) 697-6149 FAX

REQUEST FOR REVIEW OF PUBLIC RECORDS

Requesting Party:

_____ Name (Please print)

Mailing Address: _____

Contact - Phone Number: _____

The requesting party hereby requests the following:

- That Rowland Water District provide the documents, records and information described below for the Requesting Party to examine at the District offices and during District business hours.
- That Rowland Water District provide the Requesting party with photo copies of the documents, records and information described below, and agree to pay the copying costs for all copies requested prior to delivery of copies.

Specify exact Public Records requested for review:

(I understand that a Reviewing Official will be present during the examination of the documents requested)

If the request is for copies of public records, the requesting party:

(I understand that I will be charged a minimum of \$0.10 per copy, which is payable at the time copies are requested)

Check One:

- Will return to pick up the copies and will pay for copying costs at the time of pickup. (You will be called at the above phone number when copies are ready)
- Requests that the copies be mailed to the address specified above. (The requesting party must pay for the copies and postage costs before the copies will be mailed. Rowland Water District will notify the Requesting Party of the amount of copying costs and postage by telephone or mail at the Requesting Party's choice and will mail the copies upon receipt of payment.

Signature of Requesting Party

Date

Approval of Reviewing Official

Date