

West Basin Municipal Water District Public Records Request Form

Request Date:								
Name of Requester:								
Affiliation:								
Mailing Address:								
Email:								
Telephone Number:								
I wish to request the fo Public Records Act:	lic records pu	ırsuant to (Government Co	de Sectio	on 7922.53	5 (a) of th	e Californ	ia
Title/Document Name:								
Document Description:								
Date of Document:		ail	Will pick up					

The District has ten (10) days to determine whether it is in the possession of any non-exempt records responsive to this request and to provide an estimated date and time by which the records will be made available.

There may be a charge assessed in accordance with West Basin's Administrative Code, adopted January 2023. The cost of copies is \$0.50 per page. Blueprint copy is \$3.00 for the first page and \$1.50 for each additional page. An additional fee of \$2.00 is required for certified copy.

Please send completed form via email or mail to:

West Basin Municipal Water District 17140 Avalon Boulevard Carson, CA 90746-1296 Attn: Records Management

Email: recordsmanagement@westbasin.org

West Basin Use Only	
Date completed:	Cost:
Completed by:	