PUBLIC RECORDS REQUEST FORM

ATTENTION REQUESTOR: To expedite your request for District records, please fill out this form completely. Identify specifically the type of records you are requesting. Please limit your request to one facility or one site address for each request form filed, and three requests per form. Additional forms or pages can be used if requesting information for more than one facility or for records not identified on this form. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the District. Staff is available to assist you in identifying those records in the District’s possession. The District is not required by law to create a new record or list from an existing record. By submission of this form I hereby agree to reimburse the SJVUAPCD for the direct cost of duplicating the requested records in accordance with Gov. Code Sec. 6253(b).

REQUESTOR INFORMATION

NAME: DATE:

COMPANY:

MAILING ADDRESS:

CITY: STATE: ZIP CODE:

PHONE #: FAX #: E-MAIL:

DOCUMENTS REQUESTED (3 Items per form)

☐ Permit Application(s) ☐ Site Inspection Report(s) ☐ All Records/General File Review
☐ Permit(s) to Operate (PTO) ☐ Source Test Report(s) ☐ Toxic Sources within 1/4 mi School Review
☐ Authorities to Construct (ATC) ☐ Air Monitoring Data ☐ Asbestos Notification(s)/Record(s)
☐ Engineering Evaluation(s) ☐ Complaints ☐ AB2588 “Hot Spots” Information
☐ Emissions Inventory Statement(s) ☐ Notice(s) of Violation (NOV) ☐ Other (Describe below or on additional pages):
☐ Health Risk Assessment(s) ☐ Notice(s) to Comply (NTC)

DATE OF DOCUMENTS REQUESTED: From: To:

REQUESTED FACILITY INFORMATION (If Applicable)

FACILITY NAME: FACILITY I.D. NO. (if known)

FACILITY ADDRESS:

CITY: STATE: ZIP CODE:

METHOD OF DELIVERY (Check all that apply)

☐ Pick Up ☐ FAX (Maximum 30 Pages) ☐ Email (Maximum 5 MB)
☐ U.S. Mail ☐ CD/DVD ☐ Other

☐ Inspection of records only, no copies required (District will contact you to setup an appointment for inspection)

☐ I request that the SJVUAPCD contact me prior to completing the requested records if the cost exceeds $__________