VIRGIN VALLEY WATER DISTRICT - PUBLIC RECORDS REQUEST FORM

Requestor:	Date of Request:
Address:	
E-mail:	Phone:
	of Requested Record
To facilitate a timely response, please be as specific as po	ossible. Include any names, dates, and other specific information.
1.	5.
2.	6.
3.	7.
4.	8.
 If records that have been prepared by a court reporter a costs or fees charged by the court reporter. VVWD does not provide records that are privileged, otherwise not subject to disclosure. Certain records are prepared to costs owing associated with a public records request mean would require VVWD to make extraordinary use of its performance. I understand there is a charge for copies of public records. requested is \$25.00 or more, I may be required to pay in full performance. 	ust be paid upon receipt of the records. If a request for a public record personnel or technological resources and to the extent permitted by law, Further, I understand that if the estimated cost of the copies I have prior to reproduction. Materials will be held for 14 days. If not retrieved, to any unpaid original charges. Advance payment will be forfeited if the
THIS SECTION TO BE COMPLETED B	Y VIRGIN VALLEY WATER DISTRICT STAFF
Number of copies x \$0.50 per Certified copies (optional) x \$ Audio recording(s) x \$5 per Extraordinary costs (if applicable):	standard page: = \$ \$4.00 per certification: = \$ per disk: = \$ TOTAL= \$
Determination of whether record is a confidential or of Date referred to District Legal Counsel: Date of Reason for Denial (attach additional pages if necessary):	otherwise protected record: of Response: Access Granted: Yes No (circle one)
Delivery of Public Record: By District Employee: Delivered To: Date of Public Record:	Payment Method:
by District Employee:	Payment Method:ate: