



**West Valley**  
Sanitation District

# Public Records Request Form

Received Date:

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**DESCRIPTION OF RECORDS REQUESTED:** Please be as specific as possible.

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I wish to:  Review original documents  Obtain copies (a copy fee may apply)

The California Public Records Act (Government Code Section 6250 et seq.) provides citizens with important rights to obtain access to records held by public agencies, and the West Valley Sanitation District responds to requests in accordance with these terms. This request form may be mailed, emailed, or submitted in person at the District. This form is available online at [www.westvalleysan.org](http://www.westvalleysan.org).

*Submit Completed Request to: West Valley Sanitation District  
100 East Sunnyside Avenue, CA 95008 · Attn: District Manager and Engineer  
Office Hours 7:30 a.m. to 4:30 p.m. Office Phone: (408) 378-2407*

**DESCRIPTION OF RECORDS REQUESTED** (continued, if necessary)

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**FOR INTERNAL USE ONLY**

Approval	Denial	Reason, if Denied:
District Manager: _____	_____	_____
District Counsel: _____	_____	_____
Department Head: _____	_____	_____

Document/response provided on (date) \_\_\_\_\_ by:

Mail    Counter    E-mail    Fax    Phone    Other \_\_\_\_\_

Comments:

Staff Member(s): \_\_\_\_\_ Staff Time: \_\_\_\_\_