SAN BENITO COUNTY COUNCIL OF GOVERNMENTS

PUBLIC RECORDS ACT REQUEST

Instructions:

(REV 6/2008)

- 1. This form is used only for those requests for public records which are made pursuant to the California Public Records Act (Government Code sec. 6250 et seq.). Certain types of records may be exempt from disclosure under the Public Records Act.
- 2. Use of this form is voluntary. Public Records Act Requests may be submitted in person, by letter, email, fax or telephone. If such an alternate method has been used, this form should be completed by the person responding to the request and the original request must be attached.
- 3. Public records can be reviewed during regular business hours of 8:00 a.m. through 5:00 p.m., Monday through Friday, excepting holidays, at the Council of Governments' Office, located at 330 Tres Pinos Road, Suite C-7, Hollister, California. For requests that identify a large volume of responsive records, the requester may be required to make an appointment with the Council of Governments' staff.
- Copies of records may be provided to the requester after reproduction costs have been paid. Below are the fees established and adopted by the San Benito County Council of Governments by Resolution Number COG 02-08 on June 20, 2002.

Agenda Only Subscriptions – per year \$40.00
Agenda Full Packet – per packet \$30.00
All other copies of public records (Resolutions, minutes, etc.) – copies per page \$.50
Maps, 11x17 – copies, per page \$ 1.00

REQUESTED BY:			
NAME (typed or printed)		TE	LEPHONE
ADDRESS	CITY	STATE	ZIP CODE
REQUESTER'S SIGNATURE		DATE	
DESCRIPTION OF MATERIAL REQUIDED to the documents relating to Highway 25 By and location of material if known. Atta	JESTED (Please be as specific as pos pass Project" will cause uncertainty and ch extra sheet if necessary).	sible. General descriptions delay the processing of you	and broad requests such as "all ir request. Please indicate dates
Is this information being re-	quested for pending or antici	pated litigation in wh	nich the COG may be a
party? ☐ YES ☐ NO			
Is this request for media pur	ooses? 🛘 YES 🗆 NO I	f so, what affiliation?_	
Have you or has anyone on ☐ YES ☐ NO If yes, to	your behalf, requested this info whom and when?	ormation from anyone	e else within COG?
•	ompleted by requester. It made in alternate format – employee includ It made orally, employee documented the con		ed a copy of the request to this form.

Date Received

Date of Response