SAN BENITO COUNTY COUNCIL OF GOVERNMENTS

PUBLIC RECORDS ACT REQUEST

(REV 6/2008)

Instructions:

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.

4. 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) ________________________________ TELEPHONE ________________________________

ADDRESS __________________________________________ CITY __________________________ STATE ______ ZIP CODE ______

REQUIREMENTS' SIGNATURE __________________________ DATE __________________

DESCRIPTION OF MATERIAL REQUESTED (Please be as specific as possible. General descriptions and broad requests such as "all documents relating to Highway 25 Bypass Project" will cause uncertainty and delay the processing of your request. Please indicate dates and location of material if known. Attach extra sheet if necessary).

______________________________________________________________________________________________________________________________________________________

Is this information being requested for pending or anticipated litigation in which the COG may be a party? □ YES □ NO

Is this request for media purposes? □ YES □ NO If so, what affiliation? ________________________________

Have you or has anyone on your behalf, requested this information from anyone else within COG? □ YES □ NO If yes, to whom and when? ________________________________________________

For Department Use Only:

□ WRITTEN REQUEST: form completed by requestor.

□ WRITTEN REQUEST: request made in alternate format – employee included the date and time and attached a copy of the request to this form.

□ ORAL REQUEST: request made orally, employee documented the conversation on this form.

Officer/Employee Responding:

Name __________________________ Date Received ________________ Date of Response ________________