Butte County Air Quality Management District Public Records Request Form

Requestor Name:	
Company Name:	
Mailing Address:	
	FAX: ()
E-Mail Address:	
SPECIFIC PUBLIC RECORDS REQUEST	
FACILITY NAME AND ADDRESS (if applic	cable):
Dates/Timeframe for records cited above:	(if applicable)
From:	To:
Please complete areas that apply: □ Request to review Public Records itemi convenience, the District will contact yo records.	ized above at the District Office. For your ou to schedule an appointment to review
□ Request Copy of Public Records cited a	above by:
Mail: Office Pickup: Charges may apply	Fax: Email: No charge
Please read the attached District Public Records Dis	sclosure Policy Summary prior to signing your request.
Signature of Requestor:	Date:

Upon completion of form mail/fax/email to:

Butte County Air Quality Management District, 629 Entler Avenue, Suite 15, Chico, CA 95928, Office: (530) 332-9400, Fax: (530) 332-9417, Email: air@bcaqmd.org

DISTRICT PUBLIC RECORDS DISCLOSURE POLICY SUMMARY: It is the policy that all District Records, not otherwise exempted from disclosure by statutory or case law, shall be open for public inspection with the least possible delay and expense to the requesting party. Toward this end, most records may be inspected at the District's offices with minimal delay. The District may require up to ten (10) days to copy requested records. Generally the cost for copying public records is \$2.00 for the first page and .25 for each page thereafter. The District requires payment prior to the release of requested materials. District accepts cash, checks or money orders. Informational reports which the District has previously copied are available for general distribution at no charge. Confidential or trade secret information and records related to active enforcement proceedings may not be available.

For a copy of the full disclosure policy, visit the District's website at www.bcaqmd.org or contact the District office at (530) 332-9400.

For Internal District Use Only			
Date Received:	Date Due:	_	
Assigned to:	By:	Date:	
Photocopies:	1 st Page(s) @ \$2.00 each = Total: \$		
Other Page(s) @ \$0.25each = Total: \$			
Grand Total: \$			
Date Processed:	□ Fax □ E-Mail □ Fee Letter	By:	
Fee Received Date:	□ Pickup □ Mailed	By:	
Notes:			
Upon completion forward form to front office Administrative Assistant for final processing.			