



PUBLIC RECORDS REQUEST FORM

Eastern Municipal Water District
 PO Box 8300
 Perris, CA 92572-8300

Date: _____

I, the undersigned, respectfully request certain public records pursuant to the California Public Records Act (Section 6250 and following of the Government Code):

Title/Document	Number/Description	Date/Period	Pages	Total Copies

I understand that there may be a charge for reproduction of all materials that I request, and I agree to pay for all direct costs of duplicating materials received. Refer to Form EN-019 for print charges, which may be revised periodically to cover the direct costs of duplication.

Name: _____ Signature: _____

Job Title: _____

Firm: _____

Mailing Address: _____

City, State & Zip: _____

Phone Number: _____

Email Address: _____

Overnight Account Number: _____
(For faster service and no postage fee)

NOTE: Legal records may be subject to Attorney-Client Privilege and any other applicable provisions of law. The District reserves the right to omit any portion of the material requested that is exempt by applicable provisions of law but shall provide the remainder of the information as requested.

Total Amount Due: _____

c: Records Management