

Request No. _____

Received by: _____

Date: _____

Time: _____

TOWN OF APPLE VALLEY REQUEST FOR COPIES OF PUBLIC RECORDS

"Except with respect to public records exempt from disclosure by express provisions of law, each state or local agency, upon a request for a copy of records that reasonably describes an identifiable record or records, shall make the records promptly available to any person upon payment of fees covering direct costs of duplication, or a statutory fee if applicable." (G.C. §6253(b)).

"Each agency, upon a request for a copy of records, shall, within **10 days** from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor." (G.C. §6253(c)).

NOTE: This form is not required for requests for copies of Statements of Economic Interest (G.C. §91008) or Campaign Statements.

Request for a copy of public records as thoroughly identified below:

Spreadsheets and other records and calculations that support Marc Puckett's contention that should the Town take over operation of Liberty Utilities Apple Valley water company, the Town will be able to reduce water rates.

Date: September 28, 2016
Name: Greg Raven
Address: 20258 US Highway 18 Ste 430-513
Apple Valley, CA 92307
Phone: 760-523-3548

Copying Fees:
(Per Resolution Number 2013-29)

- 1) Copying from 8 1/2" X 11 or 8 1/2" X 14"
Each Page..... \$0.20 (Black/White)
- 2) Copying from 8 1/2" X 11 or 8 1/2" X 14"
Each Page..... \$0.30 (Color)
- 2) Copying from 11" X 17"
Each Page..... \$0.50
- 3) Copying from Cassette Tapes/CD
Per Tape/CD..... \$6.00

To be completed by Town Clerk's Office:

Number and size of copies and/or tapes/CD: _____

Deposit/Fee Received: _____ Actual Cost: _____

(Account Code 1001-0000-6112-0000)

Balance Due/Refund: \$ _____

MAKE CHECKS PAYABLE TO "THE TOWN OF APPLE VALLEY"

- () Copies to be mailed to requestee
- () Copies to be picked up by requestee

_____ or _____
Mailed by/Date: Picked up by/Date:

Can be faxed back to: 760-961-6241 or mailed to:
Town of Apple Valley, 14955 Dale Evans Parkway, Apple Valley CA 92307