

Central Coast Regional Water Quality Control Board

Public Records Review Request

**Fax Completed Form To:
(805) 549-0397, Attn: Sue Gerdson**

Requestor: (*Required Field)

Prefix	*First	*Last	MI
*Agency/Affiliation			
*Street Address			
*City		*State	*Zip
*Phone	Alternate	Fax	
Email			
Preferred Method of Contact? <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email			

Records:

File Name	Volume or Time Period

QUESTIONS? PLEASE CONTACT SUE GERDSEN AT sgerdsen@waterboards.ca.gov or 805-549-3465

Your appointment is _____ at _____.

Day / Date Time

Records may be reviewed during regular business hours (8:00 a.m. to 5:00 p.m.).

Files Returned To: _____ **Date:** _____

Staff Signature