



PUBLIC RECORDS ACCESS REQUEST FORM

1. Requestor Information

Requester Name:			
Organization:			
Address:			
City:	State:	Zip Code:	E-Mail Address
Daytime Phone:	Cell Phone:	Fax	

2. Request For Appointment to Inspect Regional Board Records

Date of Request (<i>The date you submitted this form to the Regional Board</i>) <u>Enter date here</u>	Day and Appointment Time for Record Review (<i>optional - You may specify the day of the week and appointment time that works best for you</i>)	<u>Select a day here</u> <i>Preferred day of the week</i>	<u>Select a time here</u> <i>Preferred Time</i>
For Regional Board Office Use Only			
Request Form Received by: Phone <input type="checkbox"/> Mail <input type="checkbox"/> E-mail <input type="checkbox"/> Fax <input type="checkbox"/> Walk-In <input type="checkbox"/>			
Date Form Received _____ <i>RWQCB Staff Initials: _____</i>	Date Requester Contacted: _____ <i>RWQCB Staff Initials: _____</i>	Date / Time of Appointment: _____ <i>RWQCB Staff Initials: _____</i>	
Date Copies Requested _____ <i>RWQCB Staff Initials: _____</i>	Copy Fee : _____ Check #: _____ <i>RWQCB Staff Initials: _____</i>	Date Copies Mailed: _____ <i>RWQCB Staff Initials: _____</i>	

3. Description of Public Records Requested

Record 1

Agency/Owner Name (if known):	Facility Name (if Known)
Facility Address (if known):	
City (if known):	State: Zip Code (if known):
Public Record Subject (if known):	
Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month/year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____	
Additional Information: If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs:	
For Regional Board Office Use Only	Records Located: <input type="checkbox"/> File Records Not Located: <input type="checkbox"/> Records Exempt From Public Review: <input type="checkbox"/>

Record 2

Agency/Owner Name (if known):		Facility Name (if Known)	
Address (if known):			
City (if known):	State:	Zip Code (if known):	
File Record Subject (if known):			
<p>Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month /year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____</p>			
<p><i>If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs:</i></p>			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>

Record 3

Agency/Owner Name (if known):		Facility Name (if Known)	
Address (if known):			
City (if known):	State:	Zip Code (if known):	
File Record Subject (if known):			
<p>Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month/year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____</p>			
<p><i>If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs:</i></p>			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>

Record 4

Agency/Owner Name (if known):		Facility Name (if Known)	
Address (if known):			
City (if known):	State:	Zip Code (if known):	
File Record Subject (if known):			
<p>Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month /year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____</p>			
<p><i>If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs:</i></p>			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>

Record 5

Agency/ Owner Name (if known):		Facility Name (if Known)	
Address (if known):			
City (if known):	State:	Zip Code (if known):	
File Record Subject (if known):			
<p>Time Period (if known): Please specify either "Most current volume of record" or what portion of record in terms of approximate start date (month/year) and approximate end date (month /year) you are interested in. Most current volume of record: <input type="checkbox"/> or Start Date (mm/yyyy): _____ and End Date (mm/yyyy): _____</p>			
<p><i>If a particular document is required, it should be identified precisely, preferably by date and title. If you cannot identify a specific record clearly explain your needs:</i></p>			
For Regional Board Office Use Only	Records Located: <input type="checkbox"/>	File Records Not Located: <input type="checkbox"/>	Records Exempt From Public Review: <input type="checkbox"/>

FILES CONTAINING RECORDS THAT ARE EXEMPT FROM PUBLIC DISCLOSURE

There may be some records in the Regional Board’s files that are exempt from disclosure under the California Public Records Act (“PRA”). Our staff will inform you, by checking the appropriate category box shown below, if there are records in the files you have requested to review that are kept separately because they are not for public disclosure pursuant to one of the following provisions of the PRA:

- Attorney-Client Privileged Communication
- Preliminary notes or drafts not retained by the public agency during the normal course of business [PRA §6254(a)]
- Records pertaining to pending litigation [§6254(b)]
- Corporate financial records or proprietary information including trade secrets [§6254.15]
- Attorney Work Product – documents prepared at the request of or specifically for the use by an attorney representing the Regional Board or another state agency
- Other _____

RESPONSIBILITY STATEMENT:

I understand that I cannot remove documents from Regional Board files without the expressed permission and supervision of Regional Board staff. **I must leave any bags and/or briefcases outside in my vehicle or check them with the receptionist. I understand that files cannot be carried outside the file review area.** A pencil for making notes and paper clips for temporary referencing will be provided. Files must be returned in the same condition that I found them. Staff cannot provide file search services. I will provide a business card (if available) to be attached to this form.

File Reviewer’s Signature

Please Print Name

Date

Company/Agency Name and Address

Phone Number

NOTE: A copy of this completed form, with any appropriate PRA-exempt category boxes checked off by staff, is to be provided to the File Reviewer.

Please send to:

SOUTH LAKE TAHOE OFFICE

Regional Board Records Management
Officer Attn: **Amber Wike**
California Regional Water Quality Control Board, Lahontan Region
2501 Lake Tahoe Blvd.
South Lake Tahoe, CA 96150

Phone (530) 542-5400
Fax (530) 544-2271
email: RB6S-PRA@waterboards.ca.gov

or

VICTORVILLE OFFICE

Regional Board Records Management
Officer Attn: **Angelica Soto**
California Regional Water Quality Control Board, Lahontan Region
15095 Amargosa Rd, Building 2, Suite 210
Victorville, CA 92394

Phone: (760) 241-6583
Fax: (760) 241-7308
email: RB6S-PRA@waterboards.ca.gov