



California Regional Water Quality Control Board  
San Diego Region  
**PUBLIC RECORDS ACCESS REQUEST FORM**



**INSTRUCTIONS**  
**FOR COMPLETING THE PUBLIC RECORDS ACCESS REQUEST FORM**

**INTRODUCTION**

Persons requesting to inspect or copy public records maintained by the California Regional Water Quality Control Board, San Diego Region (RWQCB) are encouraged to complete the Public Record Review Request Form. The request form will open in Microsoft Word and you can complete the form on-screen, save it, view it, or print it. After you save it you can attach the request form file that exists on your hard disk, diskette, or network drive and e-mail it to the Regional Board Records Management Officer at the e-mail address provided below. The form may also be submitted via fax, regular mail or drop off at the Regional Board office at the address provided below. A RWQCB representative will contact you within 10 days of receipt of the form regarding the request.

**INSTRUCTIONS**

These instructions are provided to assist you with completion of the Public Records Access Request Form. If you have any form completion or procedural related questions please contact the RWQCB Board Records Management Officer as follows:

Regional Board Records Management Officer  
California Regional Water Quality Control Board, San Diego Region  
1000 La Jolla Village Drive, Suite 100  
San Diego, California 92161

Phone (619) 516-1990  
Fax (619) 516-1994  
E-mail: [rb9\\_records@waterboards.ca.gov](mailto:rb9_records@waterboards.ca.gov)

**1. REQUESTOR INFORMATION**

Please provide the name of the person requesting access to the public records including organization represented, address, daytime telephone number, cellphone number and e-mail address. The RWQCB will use this information to 1) contact the requestor to set an appointment to inspect the records, 2) request more information regarding the request, 3) inform the requestor the RWQCB does not have the records requested, or 4) deny access to records which are exempt from disclosure.

**2. REQUEST FOR APPOINTMENT TO INSPECT REGIONAL BOARD RECORDS**

Please provide the information requested below if you wish to make an appointment to inspect RWQCB public records.

**A. Date of Request**

Provide the date you submitted the Public Records Access Request Form to the RWQCB. A representative of the RWQCB will contact you within 10 days of receipt of this form.

**B. Day and Requested Appointment Time for Record Review**

Provide select preferred appointment day of the week and time. Records may be

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reviewed from Monday through Friday between the hours of 8:00 am to 5:00 p.m. Space is limited and appointments are recommended; priority will be given to those with appointments.

### 3. DESCRIPTION OF PUBLIC RECORDS REQUESTED

Provide information describing the specific public record(s) you are requesting to inspect or copy in Boxes 3A – 3E on the form. The form is designed to allow you to request to inspect or copy public records on up to five different discharges, facilities or subjects. Information for different proposed/existing discharges or facilities should be segregated into different boxes. Be as specific as possible with regard to names, dates, places, events, subjects, etc. The more specific you are about the record or types of records that you want, the more likely it will be that the RWQCB will be able to locate the public record(s) or information you are seeking.

**A. Agency / Owner Name (if known)**

Provide the legal name of the agency, company, or entity which owns or operates the facility which is the subject of the public record(s) you are seeking.

**B. Facility Name (if known)**

Provide the name of the proposed/existing discharge or facility, which is the subject of the public record(s) you are seeking.

**C. Facility Address (if known)**

Provide the physical address including City and zip code of the proposed/existing discharge or facility that is the subject of the public record(s) you are seeking.

**D. Public Record Subject**

Select a subject from the list provided that most closely describes the proposed/existing discharge, facility, or subject of the public record(s) you are seeking. Please provide your own subject description if an appropriate category is not included on the list.

**E. Time Period (if known):**

Please specify what portion of the record in terms of approximate start date (month year) and approximate end date (month year) you are interested in. If no time period is specified you will be given access to the most current volume of the requested public record.

**F. Additional Information**

Provide any other additional that may assist the RWQCB in identifying and locating the public records you are seeking.