



**DEPARTMENT OF ENVIRONMENTAL RESOURCES
DEPARTMENT OF PARKS AND RECREATION**

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REQUEST FOR PUBLIC RECORDS

Your request will be processed in compliance with the California Public Records Act, Government Code Section 6253.

Upon a request for a copy or inspection of records, the County shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, will be made available and shall promptly notify the person making the request of the determination and the reasons therefore. In certain circumstances, the time limit prescribed in this section may be extended by written notice to the person making the request, setting forth the reasons for the extension and the date on which a determination is expected to be dispatched.

Please note that you will be contacted when the information is available for pickup and/or inspection. All document duplication fees are due and payable in full as set forth in Stanislaus County Code Section 2.96.010.

2.96.010 Fee schedule. The fee charged by any department, agency, or entity of, or person acting in their official capacity for, the county of Stanislaus for furnishing copies of documents or public records shall be determined as follows unless a different fee is prescribed by statute or has been previously established:

- A. Fee for obtaining document from file, one dollar each;
- B. Fee for providing paper copy of document not exceeding eight and one-half inches by eleven inches in size, twenty-five cents per page;
- C. Fee for providing paper copy of document larger than eight and one-half inches by eleven inches in size, fifty cents per page;
- D. Fee for providing copy of document or record in electronic format, ten dollars per three and one-half inch floppy disc, compact disc, magnetic audio or data cassette tape, or transmitted electronically via e-mail;
- E. Fee for certifying records, one dollar per record;
- F. Fee for providing copy of video of board meetings, twenty-five dollars per tape. (Ord. CS 837 §1, 2003).

TO BE COMPLETED BY REQUESTOR

Requested by:

On behalf of:

Mailing Address:

Phone:

Fax:

E-mail

I would like to (Check one) **INSPECT** / **COPY** the following documents: _____

Signature:

Title:

Date:

OFFICE USE ONLY

Received by:

Received Date:

Request Completed by:

Completion Date:

Format:

- Paper Electronic
 Other:

Payment type:

- Cash Check
 Credit Card Billed

Notes:

