

Butte County Air Quality Management District Public Records Request Form

PLEASE PRINT

Requestor Name: _____

Company Name: _____

Mailing Address: _____

Legal Residence: _____

Phone: (_____) _____ FAX: (_____) _____

E-Mail Address: _____

SPECIFIC PUBLIC RECORDS REQUESTED FOR DISCLOSURE:

FACILITY NAME AND ADDRESS (if applicable):

Dates/Timeframe for records cited above: (if applicable)

From: _____ To: _____

Please complete areas that apply:

- Request to review Public Records itemized above at the District Office. For your convenience, the District will contact you to schedule an appointment to review records.
- Request Copy of Public Records cited above by:

Mail: _____ Office Pickup: _____
Charges may apply

Fax: _____ Email: _____
No charge

Please read the attached District Public Records Disclosure Policy Summary prior to signing your request.

Signature of Requestor: _____ **Date:** _____

Upon completion of form mail/fax/email to:

Butte County Air Quality Management District, 2525 Dominic Drive, Suite J, Chico, CA 95928,
Office: (530) 891-2882, Fax: (530) 891-2878, Email: air@bcaqmd.org

DISTRICT PUBLIC RECORDS DISCLOSURE POLICY SUMMARY: It is the policy that all District Records, not otherwise exempted from disclosure by statutory or case law, shall be open for public inspection with the least possible delay and expense to the requesting party. Toward this end, most records may be inspected at the District's offices with minimal delay. The District may require up to ten (10) days to copy requested records. Generally the cost for copying public records is \$2.00 for the first page and .25 for each page thereafter. The District requires payment prior to the release of requested materials. District accepts cash, checks or money orders. Informational reports which the District has previously copied are available for general distribution at no charge. Confidential or trade secret information and records related to active enforcement proceedings may not be available.

For a copy of the full disclosure policy, visit the District's website at www.bcaqmd.org or contact the District office at (530) 891-2882.

<i>For Internal District Use Only</i>			
Date Received: _____	Date Due: _____		
Assigned to: _____	By: _____	Date: _____	
Photocopies: _____	1 st Page(s) @ \$2.00 each	= Total: \$	_____
_____	Other Page(s) @ \$0.25each	= Total: \$	_____
Grand Total: \$			_____
Date Processed: _____	<input type="checkbox"/> Fax	<input type="checkbox"/> E-Mail	<input type="checkbox"/> Fee Letter
	By: _____		
Fee Received Date: _____	<input type="checkbox"/> Pickup	<input type="checkbox"/> Mailed	By: _____
Notes: _____			

Upon completion forward form to front office Administrative Assistant for final processing.			