



HOUSING AUTHORITY of the CITY OF SAN BUENAVENTURA

Denise M Wise
CHIEF EXECUTIVE OFFICER

BOARD OF COMMISSIONERS

John Polanskey
CHAIR
Jim White
VICE CHAIR

Barbara Keller
Selfa Saucedo
Katherine Simonson

Karol Schulkin
Diana Sparagna

PUBLIC RECORD REQUEST FORM

DATE:

NAME OF INDIVIDUAL REQUESTING:

ORGANIZATION:

ADDRESS:

TELEPHONE NUMBER:

E-MAIL:

REASON FOR REQUEST:

DESCRIPTION OF REQUEST *(If video footage is requested, please identify recorded dates, times, and any information relevant to the footage.)*

By signing this document, I acknowledge that the Housing Authority of the City of San Buenaventura (HACSB) can deny this request based on local, state, or federal exceptions. I also acknowledge that the HACSB has up to ten (10) days to respond to the request. If provided, information requested will be provided in a digital format. For any footage/ file that is larger than four (4) gigabytes in size, the requesting party will be required to provide its own equipment to store the information. Alternatively, the HACSB will provide, and charge for, a storage device. The HACSB will not be responsible for any damage, malfunction, or loss of any equipment. The HACSB will not use requestor provided equipment determined to pose a security threat to the organization.

SIGNATURE:

DATE:



MAIN OFFICE Phone/Fax
995 Riverside St (805) 648-5008
Ventura CA 93001 (805) 643-7984

SECTION 8 Phone/Fax
1122 Snapdragon St (805) 647-5990
Ventura CA 93004 (805) 647-4691

TDD/TDY
ENG: 1-800-735-2929
ESP: 1-800-855-3000