



EXHIBIT "A"

Public Records Request Form

Date: \_\_\_\_\_

In accordance with the California Public Records Act (Gov. Code §§. 6250-6276.48), I am requesting to (check one):

- Inspect the following public records
 Receive copies of the following public records

Please describe in detail the public records you are requesting:

Multiple horizontal lines for describing the requested public records.

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, the information requested will be provided in a digital format; typically by delivered by email in a .pdf 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; the HACSB retains complete discretion as to whether it will connect a requestor provided storage device to its system. 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.

Print Name of Requestor

Signature of Requestor

Address

City, State, Zip

Phone Number

Email Address

Public Records Request may be submitted in person, by mail, or by email:

Housing Authority of the City of San Buenaventura

ATTN: Public Records Request

995 Riverside St., Ventura, CA 93001

RecordsRequest@hacityventura.org



## EXHIBIT "A"

### FOR HACSB STAFF USE ONLY:

<b>Date Request Completed:</b>			
Copy/ Copies Provided?			
List any requested document that is exempt from public disclosure and was not copied (i.e., personnel files, attorney/client privilege documents, preliminary drafts, pending litigation or claims, etc.):			
Estimated Copy Charges:			
Amount of Deposit (If required):			
Refund/Additional Payment:			
Total Payment Received:			