

Instructions:

1. Complete Section A of following form.
2. Return completed form to the appropriate Mission Oaks Recreation and Park District Office.

Section A - Requestor/Records Request Information

Requestor Name	Phone Number	Today's Date
Mailing Address	City	State Zip Code

This is a request to: **Inspect and/or** **Copy the records described below:**
 (Please describe in the space below the records you are requesting and any additional information that will assist in quickly locating them.)

Title of Record(s):	Description:	Date(s) of Record(s):
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If record(s) concern individual(s) other than requestor, please state names(s):	Special Handling: <input type="checkbox"/> Please mail copies (Payment is required before copying or mailing) <input type="checkbox"/> Please hold for pick-up <input type="checkbox"/> Please Email to: _____
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Signature of Requestor	Request was Made <input type="checkbox"/> In person <input type="checkbox"/> By Phone <input type="checkbox"/> By Mail (Attach Request)
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I certify that the photocopies of the records received as listed above will not be used for commercial purposes. I agree to pay a reasonable standard charge of .25 per copy plus cost of mailing.

_____ (Signature) _____ (Date)

Section B – Mission Oaks Recreation and Park District Response

1. **Approved**
2. **Denied** - It has been determined that the records requested are exempt under ___state law OR___ for the following reasons:
3. **The requested records are not available for the following reasons:**

Section C - Department Use Only

Date Requestor Notified	Responding Employee	Total staff time
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