

ROSS VALLEY SANITARY DISTRICT
PUBLIC RECORDS ACT COPYING COSTS

Photocopies

– Cost per 8.5 x 11 page	<i>black & white copy</i>	\$ 0.25
	<i>color copy</i>	\$ 0.30
– Cost per 8.5 x 14 page	<i>black & white copy</i>	\$ 0.40
	<i>color copy</i>	\$ 0.45

Irregularly shaped documents will be billed at the District's cost. If the volume of documents requested necessitates the use of a professional copy service, the requestor must pay the direct cost of duplication.

Mailing Fees

– Envelope	\$ current USPS rate for size and weight
– Postage Per Ounce	\$ current USPS rate for size and weight

Audiotape Duplication

\$ Actual

Production in Electronic Format

– PDF file sent via email	\$ Actual
--Files produced on CD	\$ Actual

“Actual” Costs: These prices should reflect the actual cost to the District to of such duplication / production. Where the request would require data compilation, extraction or programming to produce the record; or where the District is required to produce a copy of an electronic record that is produced only at scheduled intervals, the cost will include the cost to construct the record and cost of the programming and/or computer services necessary.

Agenda Mailing – Annual Fee (*cost includes postage and copy costs*) \$ 30.00

Returned Check Processing Fee \$ 30.00

Research Costs \$ N/A

The District can only charge for the actual cost of duplication, which can include the cost of reproduction and the cost of staff time expended in making a copy of the record. No fees may be charged to reimburse the District for costs incurred in searching for a record, reviewing or redacting a record, assisting a requestor in formulating a request, or responding to a request. Where the requestor asks to inspect the records, no fee may be charged even where staff time is expended in the inspection.

**ROSS VALLEY SANITARY DISTRICT
REQUEST FOR PUBLIC RECORDS**

REQUESTOR INFORMATION

Name: _____ Date: _____

Company: _____

Mailing Address: _____

City: _____ State/Zip: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Preferred Method of Contact in the Event of Questions: _____

REQUESTED RECORDS: Requests must be for records in the possession of, prepared, owned, used, or retained by Ross Valley Sanitary District. Requests should reasonably describe identifiable records. The intake staff is available to assist you in identifying the records in the control of the District based on your description.

Time period covering documents requested [mm/dd/yyyy]

I wish to inspect the requested documents, where applicable, and do not want copies produced at this time. I understand the District must be given time to locate and review documents responsive to this request in order to comply with the provisions of the Public Records Act. I will, therefore, be requested to make an appointment to return at a later date to view the documents.

I would like copies of the requested records and I understand that I will be required to make payment for the copying costs for this request. The charge for copies is \$ 0.25 per 8.5 x 11 inch page, and \$ 0.40 per 8.5 x 14 inch page, or the "direct cost of duplication" if the volume of documents requested necessitates the use of a professional copy service.

Signature of Requestor: _____

District Office: 2960 Kerner Boulevard, San Rafael, CA 94901
District Office Hours: Monday through Friday, 7:30 a.m. to 4:00 p.m.

Timing of Response: The District will provide you with a response no later than *10 calendar days from receipt of the request*, to notify you whether records will be disclosed, unless a Notice of Extension for Response is sent. The ten-day response period starts with the first calendar day after the date of receipt. If a request is received after business hours or on a weekend or holiday, the next business day will be considered the date of receipt. If the tenth day falls on a weekend or holiday, the next business day will be considered the deadline for responding.
