

Request No. 1

Received by: _____

Date: _____

Time: _____

TOWN OF APPLE VALLEY REQUEST FOR COPIES OF PUBLIC RECORDS

"Except with respect to public records exempt from disclosure by express provisions of law, each state or local agency, upon a request for a copy of records that reasonably describes an identifiable record or records, shall make the records promptly available to any person upon payment of fees covering direct costs of duplication, or a statutory fee if applicable." (G.C. §6253(b)).

"Each agency, upon a request for a copy of records, shall, within **10 days** from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor." (G.C. §6253(c)).

NOTE: This form is not required for requests for copies of Statements of Economic Interest (G.C. §91008) or Campaign Statements.

Request for a copy of public records as thoroughly identified below:

Goodspeed Warrant # 111593 dated 4/22/2015 and all back up documentation

Voyager Warrant # 107925 dated 8/7/2014 and all back up documentation

Copies requested to be on CD

Date: September 16, 2015
Name: Greg Raven
Address: 20258 US Hwy 18 Ste 430-513
Apple Valley, CA 92307
Phone: 760-523-3548

Copying Fees:
(Per Resolution Number 2013-29)

- 1) Copying from 8 1/2" X 11 or 8 1/2" X 14"
Each Page..... \$0.20 (Black/White)
- 2) Copying from 8 1/2" X 11 or 8 1/2" X 14"
Each Page..... \$0.30 (Color)
- 2) Copying from 11" X 17"
Each Page..... \$0.50
- 3) Copying from Cassette Tapes/CD
Per Tape/CD..... \$6.00 **Copies on CD**

To be completed by Town Clerk's Office:

Number and size of copies and/or tapes/CD: _____

Deposit/Fee Received: _____ Actual Cost: _____

(Account Code 1001-0000-6112-0000)

Balance Due/Refund: \$ _____

MAKE CHECKS PAYABLE TO "THE TOWN OF APPLE VALLEY"

- () Copies to be mailed to requestee
- (X) Copies to be picked up by requestee

_____ or _____
Mailed by/Date: Picked up by/Date:

Can be faxed back to: 760-961-6241 or mailed to:

Town of Apple Valley, 14955 Dale Evans Parkway, Apple Valley CA 92307