

Date Stamp

REQUEST FOR PUBLIC DOCUMENTS

Thank you for your interest in matters related to the Salinas Valley Solid Waste Authority (SVSWA). To expedite your request and eliminate opportunity for error, please fill out this form completely.

If filling by hand, please print clearly.

Section 1 – Requesting Party Information		
<p>I/We undersigned, request the document indicated below. For duplication of records fees apply, I agree to pay SVSWA actual copying costs at the rate of .10 cents per duplicated page, \$5.00 per CD, DVD, or Tape copy, \$15.00 minimum per set for plans & specifications for construction projects, and full size plans for construction projects prior to the duplication. Further, I agree to pay all postage costs for U.S. Mail delivery of any requested document(s).</p>		
First Name:	Last Name:	
Business Name/Organization:		
Mailing Address:		
City:	State:	Zip Code:
Phone Number:		Email:
Document Requested to be Delivered Via: <input type="checkbox"/> I wish to inspect the documents <i>(a scheduled appointment might be required)</i> <input type="checkbox"/> U.S. Postal Mail <i>(duplication fees and postage apply)</i> <input type="checkbox"/> Picked up by Requestor <i>(duplication fees apply)</i>		
Signature:		Date:
Section 2 – Record (s) Requested (Please be specific)		
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
<p>You can mail, fax or email your request to: Clerk of the Board, 126 Sun Street, Salinas, CA, 93901 Fax: (831) 755-1322 Email: erikat@svswa.org</p>		

Do Not Write Below – For Authority Staff Use Only

Date Response Due:	Date of Documents Inspected or Provided:	Response Provided via: <input type="checkbox"/> Inspected in Person <input type="checkbox"/> U.S.P.S. (Mailed) <input type="checkbox"/> Emailed <input type="checkbox"/> In Person Pick up
Reason for Documents Not Being Available:		
SVSWA Staff Signature:	Printed Name and Title:	