Arcade Creek Recreation and Park District
4855 Hamilton Street
Sacramento, CA 95841

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

Instructions:

1. **Complete Section "A" of this form.**
2. **Return completed form to Arcade Creek 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** ☐ **Obtain copies of 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):**

If record(s) concern individual(s) other than requestor, please state names(s):	Special Handling: ☐ Please mail copies. ☐ Please hold for pick-up. **(Payment is required before copying or mailing)**
Signature of Requestor	Request was Made ☐ In person ☐ By Phone ☐ By Mail (Attach Request)

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 .10 per copy, plus cost of mailing if applicable.

_____ _____

(Signature) **(Date)**

Section B – Arcade Creek Recreation and Park District

1. ☐ **Approved**
2. ☐ **Denied** - It has been determined that the records requested are exempt under state law 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	Department