

COUNTY OF SAN LUIS OBISPO DEPARTMENT OF AGRICULTURE / WEIGHTS & MEASURES

Martin Settevendemie, Agricultural Commissioner / Sealer of Weights & Measures

PUBLIC RECORDS ACT REQUEST FORM

This form is not required to submit a request; however, this helps the Department identify records or data you are requesting and track your request.

The San Luis Obispo County Department of Agriculture/Weights and Measures (the Department) will respond to requests for public records in accordance with the California Public Records Act (the Act). The Department will determine, **within 10 days** of receipt of a request, whether it can comply with the request and will notify you in writing of the determination and the estimated cost for the records (if applicable). In some instances, the Department may require up to 14 additional days to respond to a request as authorized by the Act if the requested documents are not maintained in a centralized location.

The Act provides that the Department may charge a fee for copying documents. If you require paper copies to be made, the current fee for copies is 10 cents per page.

Records are available in the Department's office during normal business hours. If your request is to view records rather than receive copies, an appointment will be arranged for you once the records are gathered. Requested documents are usually delivered via email.

To expedite your request, please fill out this form completely, and with as much detail as possible, to specify the documents you are seeking.

If the Department has to design a specialized computer query to fulfill your request, you will be informed about the cost before the request is processed.

REQUESTER INFORMATION

Date of Request Name Company / Agency Mailing Address

Phone Number

(primary) (secondary)

Fax Number Email Address

REQUESTED RECORDS

Which records are you requesting?				
Please be as specific as possible.				
Time Frame				
Time traine				
Pesticide Use Records				
0	Yes			
0	No			
		For a specific commodity?	Name(s) of commodity(ies):	
0	Yes			
0	No			
For a specific permit / address?		a specific permit / address?		
0	Yes		Address / APN#:	
0	No			
			Permit Number:	
			Site Number(s):	
Verification of pesticide use history for				
Organ		rtification	Permit Number:	
0	Yes		Site Number:	
0	No		or	
			Parcel Number:	
Mailin			For:	
0	Yes			
0	No			

How do you want to receive the requested information?

- o Walk-in / Pick-up from one of our offices
- o Fax
- o Mail
- o E-Mail
- I request copies of the requested records and understand that I will be informed of the cost prior to copies being made. I understand and agree that I will pay for copies in advance of copies being made.

FOR INTERNAL USE ONLY

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Request Received via	Date of Notification of Receipt of Request:		
o Walk-In			
o Mail			
o Fax	Notification via		
o Phone	o Phone		
o E-Mail	o E-Mail		
o Other	o Other		
	Staff Initials:		
Request received by	Date Requested Information Delivered:		
	Staff Initials:		
Request given to	Fee Waived		
	o Yes		
	o No		
Requestor contacted for clarification:	Fee charged:		
	Receipt / Invoice Number:		
Staff Initials:	Staff Initials:		