



# HARTNELL COMMUNITY COLLEGE DISTRICT REQUEST FOR PUBLIC RECORDS

Return completed form to: Lucy Serrano, Office of the Superintendent/President  
[lserrano@hartnell.edu](mailto:lserrano@hartnell.edu) / 831 753-7941 (fax) or mail to:  
411 Central Avenue, Salinas, CA 93901

Pursuant to the California Public Records Act ("CPRA"), Government Code § 6250 et seq. and in accord with Hartnell College Governing Board Policy 1450, a request for Public Records must be in writing. You will receive a letter confirming receipt of this request. The College will not produce documents that are exempt, documents pertaining to pending litigation or production of which violates the attorney/client or work product privileges. A response will be sent within 10 days of the date the college receives the request. A fee for direct costs of duplication will be charged by the District. An estimate will be made in writing to the requestor prior to production and a final letter/invoice will be provided at the time of pickup. An appointment must be made for pick-up of documents at which time payment must be made. You may choose to view the document(s) instead of purchasing a copy. Please contact Lucy Serrano, Office of the Superintendent/President at 831-755-6900 to make an appointment.

## REQUESTOR INFORMATION

REQUEST FOR COPIES

REQUEST TO VIEW

<b>NAME</b>		<b>PHONE NO.</b>
<b>ADDRESS</b>		<b>FAX/CELL NO.</b>
<b>As requestor, I agree to pay the direct cost of reproduction at \$.10 per copy, total to be indicated on final invoice at time of pick-up.</b>		
_____		_____
<b>Signature of Requestor</b>		<b>Date</b>

**DOCUMENTS REQUESTED:** Please be as specific as possible regarding the names of documents, subjects and dates so that we can provide the appropriate documents.

---



---



---



---



---

(use back if more space is needed)

Docs Produced by: \_\_\_\_\_ Department(s) \_\_\_\_\_ Date \_\_\_\_\_

## **VIEW OF PUBLIC RECORDS**

Signed out by: \_\_\_\_\_ Department(s) \_\_\_\_\_ Date \_\_\_\_\_

Time out \_\_\_\_\_ Return time \_\_\_\_\_  
Signature of Requestor

## **RECEIPT OF PUBLIC RECORDS DOCUMENTS**

**I have received copies of the requested public records noted above for which I have paid \$ \_\_\_\_\_**

\_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Signature of Requestor

For Office use Only: Request No. \_\_\_\_\_ Completed Date \_\_\_\_\_ Logged by \_\_\_\_\_ Date \_\_\_\_\_