



PUBLIC RECORD REQUEST FORM

DATE:

NAME OF INDIVIDUAL REQUESTING:

ORGANIZATION:

ADDRESS:

TELEPHONE NUMBER:

E-MAIL:

REASON FOR REQUEST:

DESCRIPTION OF REQUEST *(If video footage is requested, please identify recorded dates, times, and any information relevant to the footage.)*

By signing this document, I acknowledge that the Housing Authority of the City of San Buenaventura (HACSB) can deny this request based on local, state, or federal exceptions. I also acknowledge that the HACSB has up to ten (10) days to respond to the request. If provided, information requested will be provided in a digital format. For any footage/ file that is larger than four (4) gigabytes in size, the requesting party will be required to provide its own equipment to store the information. Alternatively, the HACSB will provide, and charge for, a storage device. The HACSB will not be responsible for any damage, malfunction, or loss of any equipment. The HACSB will not use requestor provided equipment determined to pose a security threat to the organization.

SIGNATURE:

DATE:



MAIN OFFICE

805.648.5008 (English/Español)
995 Riverside Street | Ventura, CA 93001

SECTION 8

805.647.5990 (English/Español)
11122 Snapdragon Street, #100 | Ventura, CA 93004

TDD/TDY

English 800.735.2929
Español 800.855.3000