



OFFICE OF THE AGRICULTURAL COMMISSIONER

REQUEST TO INSPECT/REVIEW RECORDS

OFFICE USE ONLY	
Reviewed	____ / ____ / ____
Completed	____ / ____ / ____
Amt \$ Due	_____
Paid	____ / ____ / ____

The California Public Records Act (Government Code section 6250 et seq.) requires public agencies to make their records available for public inspection and copying unless the records are otherwise exempt from disclosure. We are required to respond to a request for copies of records within ten calendar days, absent unusual circumstances, in which case we will notify you that the response will be delayed for up to ten additional calendar days. If you need assistance in formulating a request for records, or need more information about the types of records we keep and how we store them, please call Stefan Parnay at 707-565-2371.

Disclaimer – *Because records may contain information from third parties or other information that has not been verified, the County of Sonoma assumes no responsibility arising from use of any information in records we provide pursuant to your request. Records are provided without warranty of any kind. Use of any information in records we provide is strictly at your own risk.*

1. Please list specifically what record(s) you would like to view. For example, specific location(s), operator(s) or grower name(s), specific date(s) of information, and any other facts that will help us limit our search for the record(s) you wish to view.

2. If you wish to have records copied, a fee of \$0.30/page will be charged. If data compilation, extraction, and/or programming are necessary to produce paper or electronic copies of any requested record(s), a fee of \$109.00 per hour will be charged (1/4 hour minimum). The fee must be received prior to the release of the information (you will be called regarding the total cost).
3. The person(s) or business (es) that are subject of records we produced will be notified that their records were disclosed.

Name _____ Address _____

How would you like the data delivered to you _____

Phone _____ Fax _____ Email _____

Affiliation _____

Signature _____ Date of Request _____

Your signature indicates your understanding of this policy.