



Action Request Form to County Counsel's Office **PUBLIC RECORDS ACT**

Date submitted to County Counsel: _____
Deadline to Respond to PRA: _____
Department & Person Requesting Action: _____
Email: _____ Phone: _____

PLEASE COMPLETE THE FOLLOWING:

- Name of Person making PRA request: _____
Telephone No.: _____ Email: _____
- Date of records request received by Department: _____
- Do any of the records or does the information sought in the request exist at all *in any form*?
____ yes ____ no [if answer is no, there is no need to answer any further questions]
- If the records exist in any form, please complete the following: [for each separate requested document or category of document.]
____ The records exist in exactly the form requested.
____ The information requested exists but it exists in separate records and we do not have a summary available.
____ The records are extremely voluminous, consisting of approximately (describe number of files, file drawers, boxes, folders, pages, etc.) _____
____ We do not presently know if this information exists in any form.
____ The requested records/information is contained within documents containing confidential, exempt, or privileged material, and this will require editing.
- The department believes the records are privileged or otherwise exempt from disclosure.
____ yes ____ no If yes, the basis for claim of privilege or exemption for each category or records is: [please be specific]

- The department believes that the public interest served by disclosing the requested records is outweighed by the public interest in not making the record public because [please be specific] _____

(Note: Person signing is responsible for accuracy of above)

Date _____

Signature _____

Department _____

Please include the request and all attached relevant documents.

For County Counsel Office Use Only

Received by Initials: _____

Action Request No: _____

Reviewed by: _____

Assigned To: _____

Reviewed Date: _____

Completed By/Date: _____