



**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT**  
1947 Galileo Court, Suite 103; Davis, CA 95618  
Phone - (530) 757-3650 Fax - (530) 757-3670

**PUBLIC RECORDS ACT (PRA) FORM  
INFORMATION REQUEST FORM**

Refer to the attached instructions for more detail.

**1. REQUEST TYPE:** (check one)  
 PRA (Request for existing records)  Information request

**2a. PRA REQUEST:** What record(s) do you want a copy of? (be specific)

\_\_\_\_\_  
\_\_\_\_\_

If the record is for a facility which our agency regulates, provide the information you know about the facility:

Company Name: \_\_\_\_\_

Facility location: \_\_\_\_\_

Time period of document(s) requested: From: \_\_\_\_\_ To: \_\_\_\_\_

**2b. INFORMATION REQUEST:** What information do you want? (be specific)

\_\_\_\_\_  
\_\_\_\_\_

If the information is for a facility which our agency regulates, provide the information you know about the facility:

Company Name: \_\_\_\_\_

Facility location: \_\_\_\_\_

Time period of information requested: From: \_\_\_\_\_ To: \_\_\_\_\_

**3. PREFERRED METHOD OF RESPONSE:**  US Mail  E-mail  Fax

**4. REQUESTOR INFORMATION:**

Your Name: \_\_\_\_\_

Your Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**FOR DISTRICT USE ONLY (Print)**

Date Stamp Received: \_\_\_\_\_

Review files  No records  Copy existing records  Info request Delegated to: \_\_\_\_\_

How and When Requestor Notified: \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Date Records Sent: \_\_\_\_\_ Actual Cost: \$ \_\_\_\_\_ Invoice #: \_\_\_\_\_ Date Fee Received: \_\_\_\_\_

**YOLO-SOLANO AIR QUALITY MANAGEMENT DISTRICT  
PUBLIC RECORDS ACT (PRA) / REQUEST FOR INFORMATION FORM  
INSTRUCTIONS**

File Review

The District prepares and retains files and records in the normal course of air quality regulation and related activities. These files and records are open for inspection and review by the public during normal business hours. You are not required to complete this PRA form in order to review our files, however, it is recommended that you call in advance to schedule an appointment because (a) we might not have any records related to the site or company you are interested in; or (b) some of our records are archived in boxes, so we would have to pull specific files. If during your review you identify any documents that you want copies of, the District can make copies for you at our standard copy charge of \$0.25 per page.

PRA Request

If instead of a file review, you are seeking a copy of a specific identifiable record (e.g. copy of Permit to Operate for a ABC Company, copy of any documents or files related to 123 Main Street, Anytown), you can submit a PRA request, and the District will make copies for you at our standard copy charge of \$0.25 per page. A written request is not required, but this PRA form may help if your request is complex. Please be specific about the document(s) you are requesting. "Records" only include documents which already exist, not which must be created. Certain types of records or part of records (e.g. preliminary draft documents and notes, complainant information, attorney-client documents, personnel documents) are exempt from disclosure.

For PRAs, you will receive a response from the District within 10 days after the receipt of the request. We recommend that you print the above page for your reference before sending the District the request form.

Information Request

If you are seeking information that is not contained in an existing identifiable record (e.g. list of all gas station permits in our District along with contact information), but rather would require the District staff to research and/or compile information, the District will reasonably accommodate the request. However, this will be done at the District's standard time and materials labor rate according to [District Rule 4.1, Section 307.10](#). Depending on the total charges, pre-payment might be required. For information requests, you are required to use this form.

**INSTRUCTIONS FOR COMPLETING THIS FORM**

1. **REQUEST TYPE:** Specify which type of request this is (see general information above).
- 2a. **PRA REQUEST:** Specify what specific document(s) you are requesting a copy of, and if they are related to a specific facility, provide what information you know about that company. If you are only interested in documents from a specific time period, please identify that time period.
- 2b. **INFORMATION REQUEST:** Specify what information you want. If the information is related to a specific facility, provide what information you know about that company. If you are only interested in information from a specific time period, identify that time period.
3. **PREFERRED METHOD OF RESPONSE:** Indicate your preferred method of response. If possible, we will provide it in your preferred method.
4. **REQUESTOR INFORMATION:** Please provide us with your contact information. For PRA requests, none of the information is required, however you must give us enough information for us to be able to provide you with a response.
5. **SUBMIT FORM:** Print and submit the filled-in form via FAX or U.S. Mail (information on first page) or create a PDF and email to: [PRA@ysaqmd.org](mailto:PRA@ysaqmd.org). If you don't receive a response in a timely manner, follow up with a phone call to (530) 757-3650 to ensure that we have received your request.