



Golden Rain Foundation

Records Access Request Form

Golden Rain Foundation Mutual

Resident's Name: _____ Today's Date: _____

Mutual: _____ Address: _____ Apt. _____

Day Phone: _____ Cell Phone: _____

Email Address: _____

Agent's Name (if applicable) _____

Agent's Address: _____

Agent's Phone: _____ Cell Phone: _____

***Please identify the record and the date of record you wish to inspect.
ONE RECORD REQUEST PER FORM***

Record Type: _____

Date of Record: _____

Purpose of Request: (Required only if the request is for a membership list.)

Under Civil Code Section 5200(a)(10), members are entitled to view Foundation records, Civil Code Section 5215 sets forth the categories of information that may be withheld or redacted (deleted or removed (private or sensitive information) from a document in preparation for publication. (See back.)

Cost for Inspection: Copies of any records shall be made at the rate of \$.10 per letter-size copy. Collation will be done by the requester. Certain records will be subject to an additional charge of \$10 per hour for redacting services. An estimate of the cost will be given before the services are performed, and the Requester, or the Agent for Requester, agrees to pay these costs before the records are retrieved.

Initial: _____ *Date* _____



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As the Requester (or the Agent for Requester), I/we acknowledge that the records were received on _____. I/we understand that the record, or the information contained therein, may not be sold, used for any commercial purposes, sent or given to any source of media, including but not limited to newspapers or radio, or used for a purpose not reasonably related to the requesting member’s interest as a member. I/we also understand that I/we must state a purpose (which is written above) in order to review or receive copies of certain records. I/we further understand that violation of these provisions may cause legal actions to be brought against the Requester/Agent pursuant to applicable laws.

Initial: _____ Date: _____

Signature of Requester/Agent _____

COST FOR COPIES REQUESTED

Type	Type of Paper	Cost
Black & White (500 page limit)	White, 8 ½ x 11 or	\$0.08 (1-25 pgs.)
	8 ½ x 14	\$0.07 (25-150 pgs.)
		\$0.05 (151+ pgs.)

FOR OFFICE USE ONLY:

Actual Name of Record _____ Date of Record _____

Approved for Release: _____ Date _____

Photocopying and Redacting Fees (if applicable):

Copy Fee \$ _____ (# Copies _____ x \$.10) + Redacting Fee \$ _____ (# hours _____ x \$10) = Total \$ _____

Comments:

