



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

Printed Copy **Emailed Copy**

Record Type: _____

Date of Record: _____

Purpose of Request: _____

As the Requester (or the Agent for Requester), I/we acknowledge that the records were requested 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:** _____



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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.

COST FOR COPIES REQUESTED

Type	Type of Paper	Cost
Black & White (500 page limit)	White, 8 ½ x 11	\$0.10 per page
	-or- 8 ½ x 14	\$0.20 per page

Copies of any records shall be made at the rate of \$.10 per letter-size copy, and \$.20 per legal-sized copies. 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. ***There is no printing cost associated with electronic copies.***

Initial: _____ **Date:** _____

Signature of Requester/Agent _____