EXHIBIT I
APPLICATION FOR INSPECTION OF PUBLIC RECORDS

The District encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents that are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The District has ten days to respond to any request for a copy of public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. You may be notified within the ten-day period that additional time is necessary. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review. If you do not know the precise identification of the document, please describe its contents as clearly as possible. Minutes of Board of Directors meetings, annual budget and audits are available on the BCHD website, www.bchd.org.

NAME: ____________________________________________
ADDRESS: _______________________________________
____________________________________ TELEPHONE: (____) __________
FAX: (____) __________ E-MAIL: ____________________________

RECORD or DOCUMENT REQUESTED (Please be as specific as possible):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

REASON FOR REQUEST (Optional): _______________________________________
____________________________________________________________________
____________________________________________________________________

DO YOU WISH A COPY OF THE RECORD(S)? Yes ______ No _____
IF YES, HOW MANY COPIES? ______ Fee for copying: 10 cents per page
Audio Tape: $10.00/ tape DVD: $25.00/disk

DATE OF INSPECTION:______________________

APPLICANT’S SIGNATURE __________________________ DATE of REQUEST __________

DISTRICT USE ONLY:
IS WRITTEN AUTHORIZATION REQUIRED? Yes _____ No _____
If so, has written authorization been received and attached? Yes _____ No _____

DISTRICT OFFICER’S SIGNATURE: ____________________________

Policy Number 1050.a. Revised By: M. Rafkin
Board Approved: 07/22/2015 Committee Approved: 06/22/2015