

**PUBLIC RECORD REQUEST FORM**

**Date of Request:** \_\_\_\_\_

In accordance with the California Public Records Act (Gov. Code §§. 6250 et seq.), I am requesting to (check one):

- Inspect the following public records       Receive copies of the following public records

[Please provide sufficient detail to assist in locating the public records you are seeking]

Type of Record(s): \_\_\_\_\_

Date or Date Range of Records: \_\_\_\_\_

Incident Location (if applicable): \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that the City will respond to all Public Records Act requests in compliance with State law.

For copies of the above-listed public records, I understand the City copying fees will apply or statutory fees for copying may apply. I understand that I will be responsible for payment of all copying fees in advance of delivery of any requested copies. I also understand that the City has 10 days to determine if the request seeks disclosable records in the City’s possession. In some instances, the time may be extended by written notice if additional time is required to search for and collect the requested information. If more than fifty (50) pages are requested, the City may require a deposit before making copies.

Name/Signature of Requester (Optional): \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Phone/Fax/E-Mail: \_\_\_\_\_