



REQUEST FOR PUBLIC RECORDS

Date/Time: _____

The following information is optional but may assist in complying with your request

(Name)

(Phone)

(Address)

INFORMATION BEING REQUESTED:

(For each record, describe type, date, subject, title, etc. Please be very specific.)

Multiple horizontal lines for providing information about the records being requested.

Your Request will be processed in compliance with the Public Records Act (Government Code Sections 6250 et seq.)

Government Section 6253 (c)

Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefore. In unusual circumstances, the time limit prescribed in this section may be extended by written notice by the head of the agency or his or her designee to the person making the request, setting forth the reasons for the extension and the date on which a determination is expected to be dispatched. No notice shall specify a date that would result in an extension for more than 14 days. When the agency dispatched the determination, and if the agency determines that the request seeks disclosable public records, the agency shall state the estimated date and time when the records will be made available.

Mail (to above address): _____ Pickup: _____ Cost: _____

*****For Official Use Only*****

Request Approved:

Files Shown:

Title