

## **PUBLIC RECORDS REQUEST**

If you wish to have any public records produced, please write in the space below, the name of the document or documents requested.

Please be aware that under California Government Code §6250 et seq., the City has 10 days after you submit this form to determine whether the record(s) you have requested is subject to disclosure under the Public Records Act. After the City has made this determination, you will be immediately notified of the determination and the reasons therefore.

If the City determines that the documents you have requested are subject to disclosure, they will be produced within a reasonable time thereafter.

## PLEASE NOTE: YOU WILL BE CHARGED 10 CENTS PER PAGE FOR THOSE RECORDS YOU REQUEST TO BE COPIED.

## **DESCRIPTION OF THE REQUESTED DOCUMENT(S):**

Signature	Date
Print Name	
	WILL PICK UP
Address	
	PLEASE MAIL
Phone	
Email Address	
THIS FORM SHOULD BE S	SUBMITTED TO THE CITY CLERK AT THE ADDRESS BELOW.
	FOR OFFICE USE ONLY
DATE RECEIVED:	DATE NOTIFIED:
DATE RECORDS PRODUCED:	SIGNATURE:

P. 916.625.5120 | F. 916.625.5195 | TTY. 916.632.4013