



**PUBLIC RECORDS REQUEST**

Name: \_\_\_\_\_

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

City \_\_\_\_\_, State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone \_\_\_\_\_

**RECORDS REQUESTED:** Please describe below the records you are requesting and any additional information that will help us identify and locate them for you as quickly as possible. A request which is so vague or ambiguous that public records cannot be identified or located may cause your request to be returned to you unprocessed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I UNDERSTAND AND AGREE TO PAY**

\$0.10 cents per paper copy and or \$5.00 PER TAPE.

\_\_\_\_\_  
Signature

**Please Note:** Pursuant to Government Code Section 6253© each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency.

.....  
**FOR OFFICIAL USE ONLY**  
.....

Department \_\_\_\_\_

Date Received \_\_\_\_\_

Processed By: \_\_\_\_\_

TOTAL NUMBER OF COPIES \_\_\_\_\_

TOTAL CHARGE: \_\_\_\_\_