



PUBLIC RECORDS ACT REQUEST (PRA)

THIS FORM IS PROVIDED AS A COURTESY ONLY

PRINT NAME: _____
(Optional)

DATE: _____

FULL ADDRESS: _____

E-MAIL ADDRESS: _____ PHONE#: _____

Description of Records Requested: Please provide dates, addresses / APN#'s, Resolution/Ordinance Number(s), Council Meeting Date(s), and / or any additional information that will assist us in fulfilling your request. Be as specific as possible. You may use the back of this form for additional space.

I wish to: Review original documents Obtain copies (copy fee may apply)

I / We the undersigned, request documents as indicated and agree to pay for copies provided at the rate of \$1 for the first page, and \$0.15 per additional page.

REQUESTER SIGNATURE: _____

Upon receipt of a request for records, the City shall determine within ten (10) days if the records are disclosable and available within the City's records system and will notify the requester of such determination (see California Public Records Act, Government Code 6250 et. seq. for full text of this Act).

Pursuant to the California Public Records Act, information on this form may be released to the public upon request.

For Office Use Only (when complete, please return a copy of this form, or the original, to the City Clerk's Office)

Photocopy Fee: \$1 for the first page - \$0.15 per additional page Amount Due: \$ _____

Responding Department and/or Division:

- Neighborhood Services Fire
- Housing Engineering / Public Works
- Building Police
- Planning Human Resources
- Finance _____

Responded to Request:

Yes No

Records Provided:

Yes, Date Provided: _____ No Responsive Records

Staff Name (Print and Date): _____