PUBLIC RECORDS REQUEST

NAME:	ADDRESS:
CITY:	TELEPHONE:
DATE REQUESTED:	
DOCUMENT(S) REQUESTED: PLEASE BE AS SPECIFIC AS POSSIBLE WHEN	N DESCRIBING REQUESTED RECORDS
SIGNED:	DATE:
DIRECT COST FOR DUPLICATION OF REQUE	STED RECORDS: 10¢ per page
	ecords are open to inspection at all times during City office ect any public record with certain exceptions as provided in
Government Code Section 6254 except cer	tain records from public disclosure.
determine within $\underline{10}$ calendar days wheth requestor of such determination and reason	that the City, upon any request for a copy of records, shall ner to comply with such request and immediately notify the ons therefore.
	Office Use Only
RECEIVED BY:	DATE RECEIVED:
TOTAL PAGES PROVIDED:	TOTAL FEE:
DELIVERY METHOD:	DATE DELIVERED: