

Public Records Inspection and Copy Request Form

Name of Requestor _____

Affiliation _____

Mailing Address _____

Phone Number _____ Fax Number _____

Email Address _____

I wish to request the following public records pursuant to the California Public Records Act:

Please attach additional sheets as necessary.

Title/Document: Description:	
Date/Year of document:	<input type="checkbox"/> Inspect only <input type="checkbox"/> Request copies
If requesting copies, indicate copy amount _____	<input type="checkbox"/> Mail copies <input type="checkbox"/> Will pick up copy
For Office Use: Date of compliance _____	Attending Staff _____
Title/Document: Description:	
Date/Year of document:	<input type="checkbox"/> Inspect only <input type="checkbox"/> Request copies
If requesting copies, indicate copy amount _____	<input type="checkbox"/> Mail copies <input type="checkbox"/> Will pick up copy
For Office Use: Date of compliance _____	Attending Staff _____
Title/Document: Description:	
Date/Year of document:	<input type="checkbox"/> Inspect only <input type="checkbox"/> Request copies
If requesting copies, indicate copy amount _____	<input type="checkbox"/> Mail copies <input type="checkbox"/> Will pick up copy
For Office Use: Date of compliance _____	Attending Staff _____

I understand that there is a charge for duplication of all materials that I may request and I agree to pay for those copies before receiving the material.

Requestor's Signature _____ Date _____