

PUBLIC RECORDS REQUEST



If you want copies of any public records, please write in the space below the name of the document or documents requested. The City will attempt to make the records promptly available upon payment of fees covering the direct cost of duplication. Return this form to City of San Pablo, City Clerk's Office, 13831 San Pablo Ave. San Pablo, CA 94806 / fax 510-620-0204

Please be aware that under California Government Code §6250, *et seq.*, the City has ten (10) days after your request to determine whether the record(s) you have requested is subject to disclosure under the Public Records Act. As soon as the City has made this determination, you will be immediately notified of the determination and the reasons therefor.

If you need assistance in making a focused and effective request that reasonably describes an identifiable record, please let us know and we will be glad to assist you

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

FOR OFFICE USE ONLY

Date Received: _____

Date Notified: _____

Date Records Produced: _____

Signature: _____

