Records Request pursuant to California Public Records Act
(Cal. Gov. Code Sec. 6250 et seq.)

Name of requesting person/party:
_________________________________________________________________________

Address: __________________________________________________________________

Telephone number: ( ) ______________________ E-mail: _______________________

Description of requested public records: (to expedite this request, be as specific as possible in describing the records being requested.)
_________________________________________________________________________

Preferred Delivery:  Pick up (date): ______________ U.S. Mail: ______ On-site inspection: ____________

Copies of public records can be purchased for the fees established by the applicable statute. It is the policy of the City of Firebaugh to charge for copies at a rate of $0.10 per page. Postage is extra.

****************************************************** CITY USE ONLY ****************************************************

Received by: __________________________________________ Date: __________________________

Request processed by: __________________________________________

CITY ATTORNEY APPROVAL REQUIRED FOR RELEASE OF PUBLIC RECORDS

☐ Approved by Legal Office  Date: __________ Signature: ______________________

Request denied: ________ Reason for denial: __________________________________________

Fee $ __________ ( _______ pages @ $0.10) plus Postage: $ __________ = Total Due: $

Date Paid: ______________ Form of Payment: ☐ Cash Amount Paid: $

☐ Check # __________ Balance Due: $

Notes: __________________________________________________________________________

________________________________________________________________________

01/2008