

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

Address:	Name of requesting person/party:
Description of requested public records: (to expedite this request, be as specific as possible in describing the records being requested.)	Address:
records being requested.)	Telephone number: () E-mail:
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. ************************************	
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. ************************************	
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Received by:	of the City of Firebaugh to charge for copies at a rate of \$0.10 per page. Postage is extra.
Request processed by: CITY ATTORNEY APPROVAL REQUIRED FOR RELEASE OF PUBLIC RECORDS Approved by Legal Office Date Paid: Request denied: Pages @ \$0.10) plus Postage: \$	
CITY ATTORNEY APPROVAL REQUIRED FOR RELEASE OF PUBLIC RECORDS Approved by Legal Office Date: Signature: Request denied: Reason for denial: Fee \$ Fee \$ Date Paid: Form of Payment: Cash Amount Paid: \$ Date Paid: Form of Payment: Cash Amount Paid: \$ Date Paid: Form of Payment: Cash Amount Paid: \$	
Approved by Legal Office Date:	Request processed by:
Request denied:	
	Approved by Legal Office Date: Signature:
Date Paid: Form of Payment: Cash Amount Paid: \$ Check # Balance Due: \$	Request denied: Reason for denial:
Date Paid: Form of Payment: Cash Amount Paid: \$ Date Paid: Check # Balance Due: \$	 Fee \$ (pages @ \$0.10) plus Postage: \$ = Total Due: \$
	Date Paid: Form of Payment: Cash Amount Paid: \$ Check # Balance Due: \$