



CITY OF FIREBAUGH

1133 P Street, Firebaugh, CA. 93622
Phone: 559-659-2043 Fax: 559-659-3412

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:

Submit request to : rlazano@firebaugh.org