



PUBLIC RECORDS REQUEST FORM
(Pursuant to Government Code Section 6250, et seq.)

NAME: _____ DATE _____
(Optional)

ADDRESS: _____
(Optional) _____ PHONE NO. _____

DESCRIPTION OF RECORDS BEING REQUESTED:

I understand that the City of San Marino charges \$0.10 per page to produce copies of identifiable records. Other fees may be charged if the City is required to compile data, write programming language or to construct a computer report to extract data. The requestor will pay the direct cost of producing a copy of such records.

NOTE: The City has ten (10) days to determine whether the documents requested are disclosable public records.

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FOR OFFICIAL USE ONLY
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Date Received: _____ Date Records produced: _____

No. of pages _____ Amount: _____ Paid _____

Date picked up _____ Date mailed _____

By _____