

# PUBLIC RECORDS REQUEST FORM\*



## Office of the City Clerk

City Clerk's Office ● 650 N. La Cadena Drive, Colton, CA 92324 ● PH: (909) 370-5001 ● FX: (909) 370-5154

**\* To submit by email:** please send to: Sabdi Sanchez [ssanchez@coltonca.gov](mailto:ssanchez@coltonca.gov)  
**\*To submit in person:** please return the form to the City Clerk's Office located in City Hall, 650 N. La Cadena Drive, Colton, CA 92324

Date of Request: \_\_\_\_\_

In accordance with the California Public Records Act (Gov. Code §§. 6250 et seq.), I am requesting to (check one):  inspect the following public records  receive copies of the following public records

[Please provide sufficient detail to assist in locating the public records you are seeking]

Type of Record(s): \_\_\_\_\_

Date or Date Range of Records: \_\_\_\_\_

Incident Location (if applicable): \_\_\_\_\_

Additional Information: \_\_\_\_\_

I understand that the City will respond to all Public Records Act requests in compliance with State law. For copies of the above-listed public records, I understand the City copying fees will apply or statutory fees for copying may apply. I understand that I will be responsible for payment of all copying fees in advance of delivery of any requested copies. I also understand that the City has 10 days to determine if the request seeks disclosable records in the City's possession. In some instances, the time may be extended by written notice if additional time is required to search for and collect the requested information. If more than fifty (50) pages are requested, the City may require a deposit before making copies.

Name of Requester \_\_\_\_\_

Agency/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax/E-Mail: \_\_\_\_\_

PUBLIC RECORD REQUEST FORM

FOR STAFF USE ONLY:

Copy(ies) Provided? Yes No Partial

Method of Delivery. Date

List any requested document that is exempt from public disclosure and was not copied (i.e., personnel files, attorney/client privilege documents, preliminary drafts, pending litigation or claims, etc.)

Estimated Copy Charges:

STANDARD COPY SIZE - 8 1/2" X 11" & 8 1/2" X 14

FPPC Copy fee \$ .10 per page

Xerox Copy fee \$ .25 per page

CD/DVD Copy fee \$ .17.00 per CD/DVD

Amount of Deposit (if required):

Refund/Additional Payment:

Total Payment Received:

Request for Additional Information by City to Locate Record Date:

Additional Information Received by City. Date:

Records located and delivered. Date:

Request Completed: by Date

Signature: