

Public Records Request Form

Your request to review public files is governed by the California Public Records Act, Government Code Section 6250-6265. In an effort to provide better customer service, the following information is requested so we may better assist you:

•	, , ,	,	,
	Request to Access Records		Request for Copies
REQUESTOR INFO	PRMATION (PLEASE PRINT)		
REQUESTOR NAME:		_ DATE: _	
CONTACT PREFER	<u>ENCE</u>		
PHONE NUMBER:	()	_	
EMAIL:			
DESCRIPTION OF	PUBLIC RECORDS REQUESTED :		
TIME PERIOD FOR	R RECORDS:		
BEGIN	INING DATE:	ENDING	DATE:
the State. Public rec		ce hours and	obtain access to records held by public agencies in every person has a right to inspect public records, public record.
The City of Clayton ϵ to your request.	encourages public records requests to be sub	omitted in wri	iting in order to assist staff in responding efficiently
notified of any time	·	ur public reco	by for review or duplication; therefore, you will be ords request cannot be granted, you will be notified 5256.
RETURN COMPLE	TED FORM TO:		
	CITY CL	ERK	
	6000 HERITA		
	CLAYTON, C		47
	OR FAX TO (92)	5) 6/2-49	1/
Date Received : Date request com		~~~~~ pletion as	ssigned to: