PUBLIC RECORD REQUEST FORM

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 NOTE: If your request is related to AST/UST and hazardous materials, please contact Yolo County Environmental Health, as the City does not manage these programs.

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

Type of Record(s): _____

Date or Date Range of Records: _____ - _____
FROM TO

Incident Location (if applicable): _____

Additional Information:

I understand that:

1. The City will respond to all Public Records Act requests in compliance with State law.
2. For copies of the above-listed public records, the City copying fees will apply or statutory fees for copying may apply, and I will be responsible for payment of all copying fees in advance of delivery of any requested copies. If more than fifty (50) pages are requested, the City may require a deposit before making copies.
3. The City has 10 days to determine if the request seeks disclosable records in the City's possession. The City may extend its time to respond if additional time is required to search for and collect the requested information.
4. This completed form is a public record, but the City will redact my address and phone/fax/or email before the completed form is released or otherwise made available to the public.

Name of Requester: _____

Address: _____

City: _____ State: CA Zip Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____