

Public Records Act Request Form

Name of Requestor: _____

Affiliation: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

I wish to request the following public records pursuant to the California Public Records Act (Please attach additional sheets as necessary):

Title/Document: _____

Description: _____

Date/Year of document: Inspect only Request copies

If requesting copies, indicate copy amount _____ Mail copies Will pick up copy

Please see Administrative Fee Schedule on the following page.

I understand there is a charge for duplication of all materials that I request and I agree to pay for those copies before receiving the material.

Requestor's Signature _____

Date _____

For Office Use: Date of compliance _____

Attending Staff _____

ADMINISTRATION FEES

PHOTOCOPYING OR PRINTING*:

BLACK & WHITE – 8 1/2 X 11	\$0.25/page
BLACK & WHITE – 8 1/2 X 14	\$0.25/page
BLACK & WHITE – 11 X 17	\$0.50/page
BLACK & WHITE – LARGE FORMAT	Cost from outside vendor
COLOR – 8 1/2 X 11	\$1.25/page
COLOR – 8 1/2 X 14	\$1.25/page
COLOR – LARGE FORMAT	Cost from outside vendor
DUPLICATION OF CD / DVD	CD COSTS
RETURNED CHECKS	\$35
STAFF TIME**	Staff's hourly rate

* Duplex copies are charged at twice the rate of single-sided copies

** Staff time for completing copy jobs may be charged in certain circumstances