



## PUBLIC RECORDS REQUEST FORM

Please submit your request to the office of the City Clerk, also by fax (626) 307-9218 or by mail to 8838 E. Valley Blvd. Rosemead CA 91770. The City's standard copying fee is \$.20 per page and documents sizes 36 x 36 are \$5.00 each page.

Requestor's Name (Optional)	Address (Optional)
Telephone Number(Optional)	E-mail (Optional)

(Please List each document, file or record as specific as possible)

I wish to :  Review  Obtain copies:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In making this request, I understand the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I understand that the information will be released only in accordance with the Public Information Act (Govt. Code 6250-6276.48). I further understand the information will be promptly released or the requestor will be notified in writing within 10 days after the request is submitted.

For Office Use Only

Received By:  Walk- In  Mail  E-mail  Fax  Other

Forwarded to Dept.: \_\_\_\_\_

Due Date: \_\_\_\_\_ Date of completion: \_\_\_\_\_

Comments: \_\_\_\_\_

Date Stamp and PRA No.