



Request No.: _____

PUBLIC RECORDS REQUEST FORM

Please submit your request to the office of the City Clerk in person, by fax (626) 307-9218 or mail to 8838 E. Valley Blvd. Rosemead CA 91770.

Name: _____ Phone: _____

Email: _____

Address: _____ City: _____

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

I wish to: Review Obtain copies of the following public records:

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. 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.

The City's standard copying fee is \$.20 per page and documents larger than 8 ½ x 14 are \$1.00 per page, unless noted in the Comprehensive Schedule of Fees.

For Internal Office Use Only

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

Due Date: _____ Date of completion/Notified: _____

Forwarded to Department: _____