



City of Sand City
 # 1 Sylvan Park
 Sand City, CA. 93955
 (831) 394-3054 phone (831) 394-2472 fax
 Monday -Thursday 8:00 am to 4:00 pm.

DATE of Request: _____

PUBLIC RECORD REQUEST

Please complete this form to request a public record.

In accordance with the California Public Records Act (Code § 6250 et seq.), I am requesting to (check one):

inspect the following public records. receive copies of the following public records.

Record(s) Requested

Describe the record(s) you are requesting. Please be as specific as possible and include enough detail to assist Sand City staff in locating the record(s). For multiple records, attach additional pages.

Type of Record(s): _____

Date or Date Range of Records: _____

Incident Location (if applicable): _____

Additional Information: _____

The Public Records Act requires the City to be helpful in locating records that are responsive to requests. It does not require the City to compile data from multiple sources into a custom report in order to answer questions. The requestor will be responsible for payment of all copying fees in advance of any requested copies. Please allow a minimum of **ten business days** for the City Clerks office to respond to your request. In some instances, the time may be extended by written notice if additional time is required to search for and collect the requested information.

Requester Information

Name of Requesting Individual _____

Company or Trade Name _____

Phone _____ Fax _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

By signing below, I certify that the information above is true and correct to the best of my knowledge.

 Signature of Requesting Individual

 Date

* Photocopies, .10 per page