



City of Sand City
 # 1 Pendergrass Way
 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: _____

Staff will make every effort to assist members of the public in making a focused and efficient request. The City is not however required to compile data from multiple sources into a custom report in order to answer questions. The requestor is responsible for payment of all copying fees. An advance deposit may be required for multiple copies. Please allow **ten calendar days** for the City to determine whether to grant the request. If the request is granted, the City will notify you of this determination.

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