

Date of Request: _____



City of Sand City
1 Pendergrass Way
Sand City, CA. 93955
(831) 394-3054 phone
Monday - Thursday 8:00 AM to 5:00 PM

PUBLIC RECORD REQUEST

Please complete this form to request a public record.

In accordance with the California Public Records Act Gov't Code §7920.000 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 Record(s): _____

Incident Location (if applicable): _____

Additional Information: _____

Staff will make every effort to assist members of the public in making a focused and efficient request. However, the City is not 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 **10 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. Photocopies are \$.10 per page.

Requester Information:

Name: _____

Company: _____

Phone: _____

Email: _____

Mailing Address: _____