

REFERENCE #: P R A – 20 ___ – _____

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Request for Public Records

City of Elk Grove, Office of the City Clerk

8401 Laguna Palms Way, Elk Grove, CA 95758

Email: cityclerk@elkgrovecity.org

Telephone: (916) 478-3635; Fax: (916) 627-4400

REQUESTOR'S NAME: _____ DATE: _____

(OPTIONAL)

CONTACT PREFERENCE email phone pick-up US mail

(OPTIONAL)

EMAIL: _____

(OPTIONAL)

MAILING ADDRESS: _____

(OPTIONAL)

TELEPHONE: () _____ CELL: () _____

(OPTIONAL)

(OPTIONAL)

INFORMATION / COPIES REQUESTED:

REASON FOR REQUEST _____

(OPTIONAL)

I / We the undersigned, request documents as indicated and agree to pay for copies provided at the rate of ten cents (\$0.10) each page or the cost of reproduction to use an outside vendor if necessary.

Signed: _____ Date: _____

Notice: This form and the information provided by the requesting party is a public record subject to public disclosure. The requestor will be notified of the availability of records, which are subject to legal review, pursuant to the provisions of the California Public Records Act. City will provide an estimated cost of any copies requested. Records not retrieved within fifteen (15) days of notification of the availability of records will be returned to their storage location. A new public records request will be required to initiate a new search and retrieval of desired records.