

CITY OF EMERYVILLE
CITY CLERK
PUBLIC RECORDS REQUEST FORM

Date Requested: _____

Record Request From:

Public _____
Other Public Agency _____
Staff _____
Council _____

REQUESTED BY:

Name: _____
Organization: _____
Address: _____

Billing Address, if different: _____

Phone: _____
Fax: _____

PREFERRED METHOD OF RECEIPT (email, postal mail, fax, or pickup) _____

DOCUMENT(S) REQUESTED:

Please note that State regulations allow government agencies up to 10 days to respond to Public Records requests (2 days for specific types of Fair Political Campaign Commission/FPPC documents).

AMOUNT CHARGED:

Photocopies \$ _____ for _____ pages @ \$0.10 per page.
Color photocopies \$ _____ for _____ pages @ \$0.50 per page
Faxing \$ _____ for _____ pages @ \$0.50 per page

Retrieval Fee \$ _____ for documents/tapes over 5 years old. (\$25.00 fee.)

Posting and Handling \$ _____ at cost, minimum charge \$3.00:

TOTAL COST: \$ _____

FOR CITY CLERK OFFICE USE ONLY:

Start date: _____

Responsible Department _____

Completion Date: _____

Comments: