



CITY OF SAN JACINTO
REQUEST FOR RECORDS

Date of Request (M/M/Y)

Request Received By (Name & Title)

Name of Requesting Party

Telephone Number

Address

Email Address

Subject of Request

Address or Any Other Identifying Information, Numbers or Dates

Period of Time to be Researched: FROM: _____ TO: _____

- Number of Copies Requested _____
- In-House Review of Records Only

**REQUESTS WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS PER CALIFORNIA
GOVERNMENT CODE, SECTION 6253 AND 6256**

Duplication costs for records researched and copied must be paid upon receipt of records as follows:

- Hardcopy - \$.25 per page for 8 ½ x 11 – No. of Pages _____ \$ _____
 - CD - \$5.00 per CD, No. of CDs _____ \$ _____
- TOTAL: \$ _____

FOR OFFICE USE ONLY

- Request Approved – Approved by: _____
- Request Disapproved – Reason _____

- Original Requestor Notified by: By Letter Email Phone In Person

BY: _____
(Name & Title)

DATE: _____