



**CITY OF SAN LEANDRO**  
 City Clerk's Office  
 835 East 14<sup>th</sup> Street, San Leandro, CA 94577  
 Telephone: (510) 577-3366 Fax: (510) 577-3340

DATE RECEIVED  
 Office Use Only

## PUBLIC RECORDS REQUEST

**REQUESTED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Your contact information is optional, but we must have a way to contact you regarding the status of your request.

**Name:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

When the records are available, please notify me by:  Phone  Mail  E-mail  Fax

List the specific records that you are requesting:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CALIFORNIA PUBLIC RECORDS ACT (California Government Code §6250 *et seq.*)

- Public records are open to inspection at all times during regular office hours.
- Every person has a right to inspect any public record, unless such record is exempt from disclosure by express provisions of law.
- Upon a request for a copy of an identifiable record or records, the City shall make the records, except those exempt from disclosure by express provisions of law, promptly available to any person upon payment of fees covering direct costs of duplication, or a statutory fee if applicable.
- Within 10 calendar days from the date of this request, the City shall determine whether it can comply with the request, and shall immediately notify the requester of such determination.

NOTE: Requesters will be charged for copies of records in accordance with the fees established in the City's Fee Schedule (generally 10¢ per page for standard copies). A cost estimate will be provided to the requester before copies are made.

You may return the completed form to the staff assisting you or to the City Clerk's Office.

#### OFFICE USE ONLY

Delivery method: \_\_\_\_\_ Date: \_\_\_\_\_ Forwarded to: \_\_\_\_\_

Entered into SLAssist by: \_\_\_\_\_ Date: \_\_\_\_\_ Request ID: \_\_\_\_\_

Delivery handled by: \_\_\_\_\_ Date: \_\_\_\_\_  In person  Mail  E-mail  Fax

Copy charges: \_\_\_\_\_ Payment received by: \_\_\_\_\_ Date: \_\_\_\_\_