CITY OF CALISTOGA

Request for Public Records

Office of the City Clerk 1232 Washington Street Calistoga, CA 94515 Phone (707) 942-2805 Fax (707) 942-0732

THIS FORM SHOULD BE SUBMITTED TO THE CITY CLERK AT THE ABOVE ADDRESS.

If you wish to have any public records produced, please write in the space below the name of the document or documents requested.

Please be aware that under California Government Code Sections 6250 et seq, the City has ten (10) days after you submit this form to determine whether the record(s) you have requested is subject to disclosure under the Public Records Act. In certain circumstances, including requests for unusually voluminous records, the City may inform you that it may take up to fourteen (14) additional days to consider your request. After the City has determined whether the record(s) requested is subject to disclosure, you will be notified of the determination and the reasons therefore.

If the City determines that the documents you have requested are subject to disclosure, they will be produced within a reasonable time thereafter.

PLEASE NOTE: THE COPY CHARGE FOR RECORDS REQUESTED IS 10 CENTS PER PAGE (PREFERABLY DOUBLE SIDED). IF RECORDS ARE TO BE MAILED, YOU WILL BE CHARGED FOR POSTAGE. YOU WILL BE INFORMED OF ANY APPLICABLE CHARGES WHEN THE RECORDS ARE AVAILABLE TO BE PICKED UP OR MAILED, AND THE RECORDS WILL BE RELEASED TO YOU UPON RECEIPT OF PAYMENT.

PURTION OF THE REQUESTER POSSIBLENTICS.

(SIGNATURE)

RECEIVED BY CITY CLERK:

DESCRIPTION OF THE	REQUESTED DOCUMENTS	<u>0</u> :	
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Requestor's Signature			Date
7.27			
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**Address			PLEASE EMAIL
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DATE REQUEST RECEIVED:	DEPT REQU	JEST RECEIVED BY:	
RESPONSE ASSIGNED TO: _		DOCUMENT PICK UP (OR) MAIL DATE:	
		MENT: PAYMENT RECEIVED BY:	

DATE