

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Please submit all requests to the City Clerk's Office:

115 South Robinson Street
Tehachapi, CA 93561
Fax: (661) 822-8559

Date

Name

Address

City State Zip Code

Phone Number Fax Number

Email

I am requesting to examine/copy the following public records. (PLEASE BE VERY SPECIFIC):

YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE PUBLIC RECORDS ACT. Per California Government Code Section 6253(c), upon request, a determination of whether the records can be provided will be made within 10 days after the receipt of the request. I understand I will be advised if more than 10 days will be required to provide the information. I have been advised the City's fees for records request services are: Twenty cents per page for letter size and twenty five cents per page for legal sized photocopies; and I understand payment is due upon receipt. Please contact me when the information is ready.

I would like the material via: Mail

Pickup

E-Mail

Signature _____