



Office of the City Clerk City of Chowchilla

130 S Second Street
Civic Center Plaza
Chowchilla CA 93610
Ph: 559-665-8615 * Fax: 559-665-7418
www.ci.chowchilla.ca.us

REQUEST FOR PUBLIC RECORDS

Your request will be processed in compliance with the Public Records Act. California Gov. Code § 6253.

Upon a request for a copy or inspection of records, the City shall, within ten (10) days from receipt of the request, determine whether the request, in whole or in part, will be made available and shall promptly notify the person making the request of the determination and the reasons therefore. In certain circumstances, the time limit prescribed in this section may be extended by written notice to the person making the request, setting forth the reasons for the extension and the date on which a determination is expected to be dispatched. In no circumstances should the extension be longer than fourteen (14) days.

Please note that you will be contacted when the information is available for pickup and/or inspection. All document duplication fees are due and payable in full and are based on the City's current fee resolution.

ATTENTION REQUESTOR

To expedite your request for records, please fill out this form completely.

Identify specifically the type of records you are requesting. Requests should reasonably describe identifiable records prepared, owned, used, or retained by the City of Chowchilla. Non-specific or unfocused requests may cause a delay in the City's ability to process your request or may cause your request to be denied.

Information Needed:

Requested by : _____

On behalf of: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

I would like to: INSPECT or COPY (circle one) the following documents:

TIME PERIOD OF DOCUMENTS REQUESTED

From: _____ To: _____

Official City Clerk Use Only

Date to Attorney _____

Dept Fwd to: _____

Copy Fee \$ _____

Pytm Rec'd: ___ check ___ cash

Pick-up deadline _____

Request completed by

Staff Name _____

Date: _____

Signature of Requestor _____ Date _____