



Public Records Request Form

CITY OF COLUSA CLERK'S OFFICE

425 WEBSTER STREET

COLUSA, CA 95932

(530) 458-4740 FAX (530) 458-8674 CityClerk@cityofcolusa.com

This public records request form is provided for the public's convenience and for City's administrative tracking purposes. The City of Colusa is committed to providing prompt access to public records, consistent with the requirements of the California Public Records Act (Government Code Section 6250 et seq.).

TO BE COMPLETED BY THE REQUESTOR:

NAME: _____ TODAY'S DATE: _____

ADDRESS: _____ ZIP: _____

CITY: _____

TELEPHONE: _____ FAX: _____

E-MAIL: _____

REQUESTED DOCUMENTS/INFORMATION (Please be as specific as possible. List each document separately):

Provide Print Copy

View Documents Only

PLEASE TELL US HOW YOU WOULD LIKE THE CITY TO RESPOND TO YOUR REQUEST:

Walk-In/Personal Pick-Up Fax Email Mail Other _____

THANK YOU FOR YOUR INTEREST IN OUR CITY RECORDS. YOU WILL BE CONTACTED WHEN THE INFORMATION IS READY.

FOR INTERNAL USE ONLY

REQUEST RECEIVED

Date Request Received: _____ Time: _____ Respond By: _____ Assigned to : _____

TIME

Time Spent: _____ Time Spent Assisting Requestor (SB 90 reimbursement): _____

REQUEST COMPLETED

Date Completed: _____ Date Released: _____ Released By: _____

FEES

Copy cost (.50 per page): _____ Postage (if any): _____ Total Due: _____