



**City of San Jacinto**

**REQUEST FOR RECORDS**

\_\_\_\_\_  
Date of Request (M/M/Y)

\_\_\_\_\_  
Request Received By (Name & Title)

\_\_\_\_\_  
Name of Requesting Party

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Subject of Request

\_\_\_\_\_  
Reason for Request

\_\_\_\_\_  
Address or Any Other Identifying Information, Numbers or Dates

Period of Time to be Researched: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

- Number of Copies Requested \_\_\_\_\_
- In-House Review of Records Only

**REQUESTS WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS PER CALIFORNIA GOVERNMENT CODE, SECTION 6253 AND 6256**

Duplication costs for records researched and copied must be paid upon receipt of records as follows:

- Hardcopy - \$.25 per page for 8 ½ x 11 – No. of Pages \_\_\_\_\_ \$ \_\_\_\_\_
- CD - \$5.00 per CD, No. of CDs \_\_\_\_\_ \$ \_\_\_\_\_
- TOTAL: \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

- Request Approved – Approved by: \_\_\_\_\_
- Request Unable to be filled/Disapproved – Reason \_\_\_\_\_
  - Original Requestor Notified by: By Letter      Email      Phone      In Person

BY: \_\_\_\_\_  
(Name & Title)

DATE: \_\_\_\_\_