



# Public Records Request Form

CITY OF COLUSA CLERK'S OFFICE

425 WEBSTER STREET

COLUSA, CA 95932

(530) 458-4941 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: \_\_\_\_\_

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

Provide Print Copy

View Documents Only

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**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 (.25 cents per page): \_\_\_\_\_ Postage (if any): \_\_\_\_\_ Total Due: \_\_\_\_\_