



Public Records Request Form

City of Salinas, California

Instructions

Type or print all information completely. This form is not required to make a request, but helps the City with tracking and responding.

(Note: Copies of records are \$0.15 per page)

Name: _____ Today's Date: _____

Address: _____ E-mail: _____

Telephone Number: (_____) _____ Fax: (_____) _____

Description of Records Requested *(Please be as specific as possible)*

- I would like to inspect the record(s) requested.
- I would like copies of the record(s) requested.
- Please tell us how you would like for the City to respond to your request.
 - Pick-up
 - Fax
 - E-mail
 - U.S. Mail
 - Other _____

Special Instructions *(if any)*: _____

For Internal Use Only

How Request Was Received:

Walk-In Phone Fax Mail E-mail Other: _____

Response Due Date: _____ Completion Date: _____

How Response Was Completed:

Pick-up Fax Mail E-mail Other: _____

Number of pages and costs: _____ pages \$_____ (total cost)