



# Public Records Request Form

City of Elk Grove, Office of the City Clerk  
8401 Laguna Palms Way, Elk Grove, CA 95758  
Telephone: (916) 478-3635; Fax: (916) 627-4400

**Notice:** This form and the information provided by the requesting party is a public record subject to public disclosure. The requestor will be contacted on the availability and cost of records pursuant to the provisions of the California Public Records Act and are subject to legal review. Records not retrieved within fifteen (15) days of notification of the availability of records responsive will be returned to their storage location at which time submittal of a new public records request will be required to initiate a new search and retrieval of desired records.

**REQUESTOR'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(OPTIONAL)

**CONTACT PREFERENCE (phone, email, fax, counter, mail):** \_\_\_\_\_  
(OPTIONAL)

**TELEPHONE:** (     ) \_\_\_\_\_ **FAX:** (     ) \_\_\_\_\_  
(OPTIONAL) (OPTIONAL)

**EMAIL:** \_\_\_\_\_  
(OPTIONAL)

**INFORMATION / COPIES REQUESTED:**

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**REASON FOR REQUEST** \_\_\_\_\_  
(OPTIONAL)

I / We the undersigned, request documents as indicated and agree to pay for copies provided at the rate of ten cents (\$0.10) each page or the cost of reproduction to use an outside vendor if necessary.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>OFFICE USE ONLY</b>	Date Stamp	REFERENCE #: R F I - 12 - _____
		Received By: _____
		Comments: _____