



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. Email form to cclerk@ci.salinas.ca.us or fax (831) 758-7368. Copies of records are \$0.25 per page; electronic transmittal fees may apply.

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)