



# Public Records Request Form

**CITY OF CITRUS HEIGHTS  
CITY CLERK'S OFFICE  
6237 FOUNTAIN SQUARE DRIVE  
CITRUS HEIGHTS, CA 95621  
(916) 725-2448  
FAX (916) 725-5799  
CityClerk@citrusheights.net**

*The City of Citrus Heights is committed to providing prompt, courteous access to Public Requests. All requests for documents will be reviewed within 24 hours and responded to within ten (10) days in compliance with the California Public Records Act.*

*The costs for copying public records is \$.10 per page (plus any mailing costs). The charge for duplicating tapes is at cost.*

**TO BE COMPLETED BY THE REQUESTOR:**

**NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**E-MAIL:** \_\_\_\_\_

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

Provide Print Copy       View Documents Only

**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: \_\_\_\_\_ Recorded in Computer: \_\_\_\_\_

Comments: \_\_\_\_\_

**FEES**

Copy cost (.10 per page): \_\_\_\_\_ Postage (if any): \_\_\_\_\_ Total Due: \_\_\_\_\_