



REQUEST FOR PUBLIC RECORDS

CITY OF COVINA
CITY CLERK/RECORDS MANAGEMENT DEPARTMENT
125 E College Street
Covina CA 91724
(626) 858-7227 - Office (626) 332-5427 - Fax

DATE: _____

NAME: _____ PHONE: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INFORMATION REQUESTED: (PLEASE BE VERY SPECIFIC)

YOU WILL BE CONTACTED WHEN YOUR REQUEST HAS BEEN COMPLETED

PUBLIC RECORDS ACT, Gov't Code §6250-6268 Request taken by: _____

Public records are open to inspection during the office hours of the City and every person has a right to inspect public records, except as provided for by law. You have the right to a copy of any identifiable public record. There may be occasions when it is impractical to provide an immediate copy, for review or duplication; you will be notified of the time delay within ten days. If, for some reason your public records cannot be granted, you will be notified within ten days of the receipt of the request, pursuant to Gov't Code §6256.

Copies of public documents shall be provided to the public at a cost of 10¢ per page, pursuant to Resolution No. 07-6623.

City Clerk/Records Management Department Use Only

Mail _____	Copy cost: _____	Department: _____
Pickup _____	Postage: _____	Due date: _____
Phone _____	Total cost: _____	Notified: _____
Account #1010-0910-00-43050		