



**REQUEST FOR PUBLIC INFORMATION**

DATE

NAME
ADDRESS
CITY STATE ZIP
CONTACT PHONE FAX

In the space below, please provide a detailed description of the information you are requesting:

SUBJECT/TITLE	DATE	DESCRIPTION	TYPE OF RECORD

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Request received by:	Filled by:
Date:	Time spent:
Deadline for Written Response: Request date + ten (10) business days =	
<i>Note: The Agency must determine within 10 days after receipt of a public records request whether to comply and must immediately notify the requester of such determination and the reasons therefore. Govt. Code Section 6253(c). Thereafter, the Agency must make the records "promptly available". Govt. Code Section 6253(b).</i>	
Date document(s) were mailed:	delivered: picked up:
Fee applied to G/L:	