Information – Records Request

Date requested:_____

Date required:_____

Requested by:_____

Contact information:_____

Type of Document Requested:

Resolution_____

Ordinance_____

Agenda_____

Minutes_____

Staff Report_____

Other_____

_____

Please provide any other information that would assist in filling your request:

_____

_____

_____

_____

Return completed Information – Records Request to:

City of Roseville
City Clerk Department
311 Vernon Street
Roseville, CA 95678
Fax 916-786-9175
Call 916-774-5263 for more information

Per Public Records Act 6253: Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefore.

FOR OFFICE USE ONLY

Completion date:_____
City Attorney approval:_____
Copy fees:_____