



# PUBLIC RECORDS REQUEST FORM

Date Stamp

Pursuant to the Public Records Act any person may request a copy of an **IDENTIFIABLE** public record. Upon request, a copy shall be provided as soon as possible unless impracticable to do so. The charge for copies is \$.25 per page plus tax. Please complete the following information to assist us in locating the records being requested and deliver or mail the request to City of La Puente, City Clerk Department, 15900 E. Main Street, La Puente, CA 91744, or fax to (626) 961-4626.

I, the undersigned, hereby request the following documents (or portions thereof) as indicated below. Please be specific in your description. We will make every effort to respond to your request within 10 days, the time period allowed by law to make a determination.

Name (Optional): \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address (Optional): \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
(Optional)

Specific Information or Document Requested:

For Office Use		
Pages	Charge*	Date Paid

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_

TOTAL:

For Office Use

Person Preparing Requested Information: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Pick Up Date: \_\_\_\_\_

Completed By: \_\_\_\_\_ Time to Complete Request \_\_\_\_\_

\* 25¢ per page plus 9.75% tax.

**THIS FORM MUST BE DATE STAMPED UPON RECEIPT.**