

# CITY OF GONZALES

POST OFFICE BOX 647  
GONZALES, CALIFORNIA 93926  
Phone: (831) 675-5000 Fax: (831)675-2644  
[www.ci.gonzales.ca.us](http://www.ci.gonzales.ca.us)

## INFORMATION OR RECORDS REQUEST

Date of Request: \_\_\_\_\_ Taken By: \_\_\_\_\_

Information Needed (Please be very specific):

---

---

---

---

---

---

---

---

---

---

Requested By: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

**Your request will be processed in compliance with the Public Records Act.**

*California Government Code Section 6256. Right to copy identifiable public records; Time limits "Any person may receive a copy of any identifiable public record or copy thereof. Upon request, an exact copy shall be provided unless impractical to do so. Computer data shall be provided in a form determined by the agency. Each agency, upon any request for a copy of records, shall determine within 10 days after the receipt of such request, whether or not to comply with the request and shall immediately notify the person making the request of such determination and the reasons thereof."*

**YOU WILL BE CONTACTED WHEN THE INFORMATION IS READY.**

City Attorney Approval: _____ Date: _____
---

**REQUEST FOR DOCUMENTS**

The following **policy** applies to all requests for documents:

1. Within ten days of the day your request is received, you will be advised of when the records will be available for review or when your copies may be picked up.
2. The information you have requested will not be faxed to you.
3. Payment for copies is due when you pick them up.
4. If it is required that materials be mailed to you, they will be sent by first class mail but will not be mailed until payment is received.
5. Charges are: \$.10 per copy plus \$4.05 per document, if certified. If mailed, postage will also be added.

---

DATE OF REQUEST

---

NAME

TELEPHONE NUMBER

---

MAILING ADDRESS (please include correct Zip Code)

SPECIFIC DOCUMENTS/INFORMATION BEING REQUESTED (if more space is necessary, please use reverse side):

---

---

---

---

---

DO DOCUMENTS NEED TO BE CERTIFIED?

YES

NO

---

***Official Use Only***  
DISPOSITION OF REQUEST

SENT TO CITY ATTORNEY: \_\_\_\_\_

CITY ATTORNEY APPROVAL: \_\_\_\_\_

RECEIVED BY DEPARTMENT  
OF RECORD: \_\_\_\_\_

MATERIALS RECEIVED BY CLERK: \_\_\_\_\_

NOTIFICATION: \_\_\_\_\_

PAYMENT RECEIVED: \_\_\_\_\_

MATERIALS PICKED UP/MAILED: \_\_\_\_\_