



REQUEST FOR PUBLIC RECORDS

Name:		Date:	
Address:		City:	
		State:	
		Zip:	
E-Mail Address:			
Phone Number:		Fax Number:	
		Other:	

When submitting your request, please be as specific as possible (i.e., provide dates of reports or actions, resolution and ordinance numbers, tract numbers, etc.) You will be contacted when your request has been filled.

List of records requested:

(Attach additional pages as needed)

- Copies can be obtained **after payment is received** -OR- you may view the documents in the office.
- Please note that many records are exempt from disclosure to citizens, and the City must make a determination as to whether records are exempt before the City is allowed to show the records to you.
The City has ten (10) days in which to make this determination and notify you.
- Payment must be in cash, cashier's check, money order, or credit card before the City can begin reproducing the records. Please make check payable to **CITY OF WASCO**, and address envelope to:
WASCO CITY CLERK 746 8TH Street, Wasco, CA 93280

Thank you for your interest in the documents requested, and for your cooperation and patience during this process.

Requestor's Signature _____
Date

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FOR OFFICE USE ONLY

Description of documents released:

***\$1.00 for the first page & .15 cents per page thereafter**

Number of pages of documents requested:	
Cost of audio tapes: \$2.00 <input type="checkbox"/> Yes <input type="checkbox"/> No	\$ _____
Cost of copied pages of document: Number of pages # _____	\$1.00 for 1 st page, Number of pages # _____ * .15 cents = \$ _____
Postage:	\$ _____
TOTAL PAYMENT DUE:	\$ _____
PAID:	RECEIPT# :