Any person may request to inspect or receive a copy of an identifiable public record, except those records that are exempt under the provisions of the law.

Please complete this public records request form providing a clear and specific description of the information you are requesting, such as dates, addresses or titles of document(s) sought. Please submit the completed form to the City Clerk's Office, in person, by mail, email, or fax. Pursuant to the California Public Records Act, the City Clerk's Office will notify you within 10 calendar days of receiving a request of its determination, in addition to whether it may be necessary to request a 14-day extension. Please note that requests submitted after normal business hours will be considered received the next business day.

(Public Records Act, Gov't Code §6250-6270)

**Requestor Information:**

Name: ___________________________ Date: ________________

Company: ___________________________

Mailing Address: ___________________________

City: ___________________________ State/Zip Code: ________________

Phone: ___________________________ Fax: ________________

Cell Phone: ___________________________ E-mail: ________________

**Requested Records:**

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Copies of public documents shall be provided to the public at a cost of .25¢ per page (black & white, letter/legal size), .40¢ per page (color, letter/legal size), $2 per page (11 x 17 or greater), $5 per CD of documents and $15 per Council Meeting DVD or audio CD, (actual cost of postal mail) pursuant to Covina City Resolution No. 16-7554.

**City Clerk's Office Use Only**

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