



# PUBLIC RECORDS REQUEST FORM

DATE STAMP

**CITY OF COVINA**  
**CITY CLERK'S OFFICE/RECORDS MANAGEMENT**  
125 E College Street  
Covina, CA 91723

Office: (626) 384-5430 Fax: (626) 384-5425 Email: [cityclerk@covinaca.gov](mailto:cityclerk@covinaca.gov)

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)*

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**Requestor Information:**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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**Requested Records:**

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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.

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*City Clerk's Office Use Only*

Taken by: _____	Copy cost: _____
Due date: _____	Postage: _____
Notified: _____	Total cost: _____