



**City of Arvin
Office of the City Clerk
Request to Examine / Copy Public Records**

Because it is our desire to serve you efficiently with your request, we ask that you complete this requisition. This will enable staff to research and duplicate the information you are requesting in a timely manner.

There will be a fee of 15 cents charged for the cost of each copy.

Name: _____

Address: _____

Phone/Email/Fax: _____

I am requesting to examine copy the following public records:
(PLEASE BE VERY SPECIFIC)

-
1. _____
 2. _____
 3. _____
 4. _____

Number of copies requested: _____

YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE PUBLIC RECORDS ACT. Per California Government Code Section 6253 (c), upon request a copy of records shall be provided within 10 (ten) days after the receipt of such request. I understand I will be advised if more than 10 (ten) days will be required to provide the information. I have been advised the City's fees for records request services are 15 (fifteen) cents per page for photocopying; and I understand payment is due upon receipt of records. I will be contacted when the information is ready.

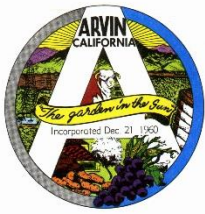
Requestor's Signature

Date requested: _____

Requestor's Signature

Date received: _____

FOR OFFICE USE ONLY	
Date stamp receipt of request form: _____	
Initial of City Staff member accepting request: _____	
Date request filled: _____	Date notified request filled: _____
Request filled by: _____	
Fee paid: _____	Date paid: _____



Cuidad de Arvin
Oficina de la Secretaria Municipal de la Cuidad
Solicitud para examinar / Copiar registros públicos

Es nuestro deseo servirle eficientemente respecto a su petición, le pedimos que usted complete esta solicitud. Esto permitirá que el personal investigue y duplique la información que está solicitando de manera oportuna.

Habr  un costo de 15 centavos por cada p gina copiada.

Nombre: _____

Direcci n: _____

Tel fono/ Correo electr nico/Fax: _____

Solicito para examinar copiar los siguientes registros p blicos:
(POR FAVOR SEA ESPEC FICO)

-
1. _____
 2. _____
 3. _____
 4. _____

N mero de copias solicitadas: _____

SU PETICI N SER  PROCESADA CONFORME A LA LEY DE REGISTROS P BLICOS. De acuerdo con la secci n del c digo del Gobierno de California 6253 (c), a petici n de su solicitud una copia de los archivos ser  proporcionada dentro del plazo de 10 (diez) d as despu s de recibir la solicitud. Entiendo que ser  notificado(a) si m s de 10 (diez) d as son requeridos para proporcionar la informaci n. Me han informado que el costo para los servicios de la solicitud de registro son 15 (quince) centavos por p gina fotocopiada; y entiendo que el pago es requerido al recibir los archivos solicitados. Ser  contactado(a) cuando la informaci n est  lista.

Firma de Solicitante

Fecha de Solicitud: _____

Firma de Solicitante

Fecha de Recibo: _____

SOLAMENTE PARA USO OFICIAL	
Date stamp receipt of request form: _____	
Initial of City Staff member accepting request: _____	
Date request filled: _____	Date notified request filled: _____
Request filled by: _____	
Fee paid: _____	Date paid: _____