



Date Stamp

CITY OF SAN MARINO PUBLIC RECORDS REQUEST FORM

(Pursuant to Government Code Section 6250, et seq.)

Please submit your request to the City Clerk's Office (Email as an attachment to cityclerk@cityofsanmarino.org by fax to (626) 300-0709; or by mail to 2200 Huntington Drive, San Marino, CA 91108).

Contact Information: (Optional)

Requestor's Name: _____

Mailing Address: _____

Email: _____ Telephone: _____ Fax: _____

Description of Records Being Requested:

Document Name (please list each document, file or record as specific as possible):

Document Type (Resolution, Contract, Staff Report, etc.): _____

Document Date (even an estimate of the date can help): _____

Other Information: _____

In making this request, I understand the City is under no obligation to create a document to satisfy my request or to comply with a standing request for information. I understand that the information will be released only in accordance with the Public Information Act. I further understand the information will be promptly released or the requestor will be notified in writing within 10 days after the request is submitted.

The City's standard copying fee is \$.20 per page (the first five pages are free). The requestor will pay the direct cost of producing a copy of such records plus postage. If you would like to receive copies of the requested documents, remit the indicated reproduction fees to the City Clerk's Office. Also indicate whether you would like to pick up the records or have staff to mail them to you.

Office Use Only:

Received By: Walk- In Mail E-mail Fax Other

Due Date: _____ Forwarded to Dept.: _____

Date of completion/Notified: _____ No. of pages: _____ Fee: \$ _____

Comments: _____