CITY OF CALISTOGA
Request for Public Records
Office of the City Clerk
1232 Washington Street
Calistoga, CA 94515
Phone (707) 942-2805   Fax (707) 942-0732

THIS FORM SHOULD BE SUBMITTED TO THE CITY CLERK AT THE ABOVE ADDRESS.

If you wish to have any public records produced, please write in the space below the name of the document or documents requested.

Please be aware that under California Government Code Sections 6250 et seq, the City has ten (10) days after you submit this form to determine whether the record(s) you have requested is subject to disclosure under the Public Records Act. In certain circumstances, including requests for unusually voluminous records, the City may inform you that it may take up to fourteen (14) additional days to consider your request. After the City has determined whether the record(s) requested is subject to disclosure, you will be notified of the determination and the reasons therefore.

If the City determines that the documents you have requested are subject to disclosure, they will be produced within a reasonable time thereafter.

PLEASE NOTE: THE COPY CHARGE FOR RECORDS REQUESTED IS 10 CENTS PER PAGE (PREFERABLY DOUBLE SIDED). IF RECORDS ARE TO BE MAILED, YOU WILL BE CHARGED FOR POSTAGE. YOU WILL BE INFORMED OF ANY APPLICABLE CHARGES WHEN THE RECORDS ARE AVAILABLE TO BE PICKED UP OR MAILED, AND THE RECORDS WILL BE RELEASED TO YOU UPON RECEIPT OF PAYMENT.

DESCRIPTION OF THE REQUESTED DOCUMENT(S):

_____

_____

_____

Although written requests <u>are not required</u>, they are encouraged so that staff is able to properly identify the documents requested ensuring timely response, compliance and/or delivery.

_____   _____
Requestor's Signature   *Date*

_____   _____
**Print Name   *Date*

WILL PICK UP ☐

_____
**Address   PLEASE EMAIL ☐

PLEASE MAIL ☐
_____
**Phone

FOR OFFICE USE ONLY	
DATE REQUEST RECEIVED: _____	DEPT REQUEST RECEIVED BY:_____
RESPONSE ASSIGNED TO: _____	DOCUMENT PICK UP (OR) MAIL DATE: _____
TOTAL CHARGES: _____ DATE OF PAYMENT: _____	PAYMENT RECEIVED BY: _____
RECEIVED BY CITY CLERK: _____	_____
(SIGNATURE)	DATE