



DOCUMENT/RECORDS REQUEST FORM CITY OF LA HABRA

List the requested records. Please be as specific as possible. City staff will make the records available in the manner prescribed by California Government Code 6253 - et. al., and 81008.

PHOTOCOPY FEE PAYABLE TO THE CITY OF LA HABRA: 50 cents per page and actual cost for mailing of records. (Exception: fees for bound documents may differ) **Total fee amount to be determined by the City Clerk Department**

RECORDS REQUESTED: *(Limited number of characters allowed)*

NO. OF COPIES REQUESTED: **NO COPIES REQUESTED, REVIEW ONLY:**

If you wish records to be mailed, faxed, or e-mailed to you, please provide the necessary information below. Otherwise, completion of this section is optional.

REQUESTOR'S NAME/COMPANY: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **E-MAIL:** _____

DO YOU WANT "CERTIFIED" COPIES?: Yes No (Note: \$4.50 charge per certification)

----- *Please do not write below this line - for office use only* -----

Date of Request: _____ Request Received By: _____

Due Date: _____ Number of Pages: _____

Date Citizen Notified: _____ Total Charges: \$ _____

Date Document Submitted: _____ Date of Payment: _____

Payment Received By: _____ Date Completed: _____