

Due Date: \_\_\_\_\_  
(Office Use Only)

File No.: \_\_\_\_\_  
(Office Use Only)



**City of Pico Rivera**  
**Public Records Request**  
City Clerk Department

**THIS PUBLIC RECORDS REQUEST FORM ITSELF CONSTITUTES A PUBLIC RECORD AND IS SUBJECT TO PUBLIC DISCLOSURE UPON REQUEST.**

Fill out info in box only.

<b>Date of Request:</b> _____	<b>Info Requested (be specific):</b> (Attach extra sheets if needed)
<b>Requested By:</b> _____	_____
<b>Company:</b> _____	_____
<b>Address:</b> _____	_____
_____	_____
<b>Phone, Fax, Email:</b> _____	_____
_____	<b>Date Desired:</b> _____
_____	(City has 10 days to <i>determine</i> whether the request, in whole or part, is a disclosable public record GCS 6253(C). <i>In certain circumstances, the 10-day determination may be extended to an additional 14-days, so long as persons are advised.</i> )

**Persons/Departments to Provide Info:** (Office Use Only)

	Done	Date
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	_____

**Request Approved by City Attorney:** Yes \_\_\_\_ No \_\_\_\_      **Disclosable Records:** Yes \_\_\_\_ No \_\_\_\_

**Need for Extension past 10 Days:** Yes \_\_\_\_ No \_\_\_\_      **Due Date:** \_\_\_\_\_ **Cost:** \_\_\_\_\_

**If yes, was Written Notification Sent:** Yes \_\_\_\_ No \_\_\_\_      **Date:** \_\_\_\_\_ **Number of Pages:** \_\_\_\_\_

**Request Completed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Method of Delivery:**

- Pick up   
 Fax   
 U.S. Mail   
 Messenger   
 Fed Ex   
 Email

**Attach Receipts of Original Request and Invoice if Applicable.**