

# Public Document Request



## City of West Covina, California

In compliance with the California Public Records Act, Government Code Section 6250, the City of West Covina is required to provide members of the public, upon request, any information relating to the conduct of the public's business that is prepared, used or retained by the City, regardless of physical form or characteristics. Records that are exempt under the Public Records Act will not be available to the public.

The request will be processed within **ten (10) calendar days**. If, due to the nature of the request, it is not possible to provide the information requested within ten calendar days, you will be notified within the ten-day processing period.

TYPE OR PRINT CLEARLY

Name: _____	Today's Date: _____	
Address: _____ _____	Daytime Telephone _____ E-mail (optional) _____	
Document Description. Clearly identify the documents or materials you are seeking to avoid rejection of your request due to vagueness.		
<u>Document</u>	<u>Dates</u>	<u>Other Descriptive Comments</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<input type="checkbox"/> I would like to view the document(s) requested.	<input type="checkbox"/> I would like copies of the document(s) requested. <i>(Note: related fees will be charged)</i>	

**Department Head signature is required before completing the request.**

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Requires City Attorney Approval/Review?  No  Yes

<b>City Staff Use Only</b>	
Due date: ____/____/____	Date extension ends (if applicable): ____/____/____
Date information retrieved: ____/____/____	Date forwarded to department: ____/____/____
Date requester notified: ____/____/____	Date information received by requestor: ____/____/____
Number of pages and costs: _____ pages \$_____ (total cost)	
Name and Title of responding personnel: _____	