



CITY OF SOUTH EL MONTE

Public Records Request

Government Code §6250 et seq.

City Clerk's Office

Ph: (626) 579-6540 x3220 or x3280

Email: dschwartz@soelmonte.org or plara@soelmonte.org

In order to accurately process your request to inspect or provide copies of public records maintained by the City, please complete the below. In accordance with government code section 6253(c), allow 10 days from receipt of your request to determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the City, we will notify you of the determination within the allowable time.

(REQUESTOR INFORMATION – PLEASE PRINT)

1. Name: _____
 2. Address: _____
 3. Phone / Cell Number: _____
 4. Email Address: _____
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(RECORD(S) INFORMATION – BE AS SPECIFIC AS POSSIBLE)

5. Address of Record(s) Requested: _____
6. Description of Record(s) Requested (Include document titles and approximate dates, if possible):

(use reverse side for additional description)

7. How would you like to receive documents, if any? _____
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OFFICE USE ONLY

Copies (#): _____

Charge: \$ _____ (where applicable)

Pursuant to Govt. Code Sect. 6257, the City may require a deposit to cover the estimated charge if copies are requested. The deposit will be refunded if requested records do not exist, are exempt, or are otherwise unavailable. Charge per copy is \$1.00 first page, \$.10 cents each additional page

Date completed: _____

Completed by (staff): _____

Date received request: (date stamp)