

# City of Laguna Hills

## Request for Public Records

The California Public Records Act (Government Code 6250. et.seq.) was enacted to ensure public access to public records. This form will enable us to accurately and efficiently fill your request. Copies are \$ .25 per page, \$.10 per page for copies of Fair Political Practices Commission Filings.

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I wish to  review  obtain copies (fee may apply) of the following public records:

Please be as specific as possible

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

California Government Code Section 6253 c. Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor. In unusual circumstances, the time limit prescribed in this section may be extended by written notice by the head of the agency or their designee to the person making the request, setting forth the reasons for the extension and the date on which a determination is expected to be dispatched. No notice shall specify a date that would result in an extension for more than 14 days. When the agency dispatches the determination, and if the agency determines that the request seeks disclosable public records, the agency shall state the estimated date and time when the records will be made available.

### Disposition of Request (for staff use only)

_____ Documents Reviewed Immediately Request	_____ Locating Responsive Documents
Received: In Person <input type="checkbox"/> Via U.S. Mail <input type="checkbox"/>	Via Facsimile <input type="checkbox"/> Via Telephone <input type="checkbox"/> Via E-mail <input type="checkbox"/>
Respond By This Date: _____	Date Completed: _____
Comments:	No. of Copies: _____
	Postage (if any): _____
Date requestor notified: _____	Amount Charged: _____
	Request processed by: _____
cc: City Attorney	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Provided: Via U.S. Mail <input type="checkbox"/> Via E-mail <input type="checkbox"/> Picked Up <input type="checkbox"/> Via Fax <input type="checkbox"/>