



CITY OF LIVINGSTON

Public Records Request

Office Hours: 8:00am to 5:00pm
 1416 C Street Livingston, CA 95334
 (209) 394-8041

Requestor's Name:		Date:	
Organization:			
Address:			
City:	State:	Zip:	
Email:	Phone:		
Reason for Request (optional):			

Description of Records Requested: <i>Please be as specific as possible</i>

I wish to: Review original documents or Obtain copies (a fee may apply)

Send by: US Mail Email Pick-Up

I/We the undersigned, request documents as indicated and agree to pay for copies provided as the rate of fifteen cents (\$0.15) each page after the first 10 pages of the costs or reproduction to use an outside vendor if necessary.

Applicant Signature:

Date:

