

### CITY OF LIVINGSTON

# Public Records Request Office Hours: 8:00am to 5:00pm

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

Requestor's Name	<b>):</b>			Date:			
Organization	:						
Address	::						
City	<i>r</i> :	State:		Zip:			
Emai	l:		Pi	none:			
Reason fo Request (optional)							
Descript	ion of Records Requeste	d: Pleas	se be as s	specific	as p	ossible	
2000.150		<u></u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>		
I wish to:	Review original documen	ts or	Ohta	in coni	<b>AS</b> (a f	ee may apr	alv)
i widii to.	review original document	13 01	Send by:	•	Mail	Email	Pick-Up
_	d, request documents as intents ts (\$0.15) each page after or if necessary.		and agree	to pay	for c	opies pro	vided as
Applicant Signature:				Date:			



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#### **Process**

This form is provided to assure compliance with the California Public Records Act, Government Code 6523 et. al. which provides, in part, that "Any person may receive a copy of any identifiable public records." Generally, where a single, and clearly identified document is requested, it is the policy of the City of Livingston to provide requested records within a reasonable time as outlined by law.

### **Copy Charges**

The City Council has adopted a policy to provide the first ten (10) pages of any document at no charge. Copy costs after the first 10 pages are \$0.15 per page, provided the page is no larger than legal size. Oversize items or items requiring special handling to copy are charged at the City's costs.

FOR INTERNAL USE ONLY									
City Manager:	Approved	Denied Reason if	denied:						
Document/response provided on (date):				Ву:					
Mail	Counter	E-mail	Fax	Other					
Comments:									
Processed By:			S	taff Time:					