Fax # 661-723-5847

CITY OF LANCASTER OFFICE OF THE CITY CLERK

REQUEST FOR PUBLIC RECORDS

City Clerk Date Stamp

DATE:				
NAME:		PHONE:		
COMPANY:		FAX:		
ADDRESS	S:			
CITY:		STATE:	ZIP:	
EMAIL A	DDRESS (OPTIONAL): nt clearly			
INFORM <i>!</i>	ATION REQUESTED: (PLEASE BE VI	ERY SPECIFIC)		
RECORDS	S ACT, Government Code §6250-6268			
and necessary right to inspec when it is imp for some reaso	a Public Records Act was created to "guarantee access right of every person in this state." Public records are to public records, except as provided for by law. You bractical to provide an immediate copy, for review or con your public records request cannot be granted, you Code §6250-6268.	e open to inspection duri have the right to a copy duplication; therefore, yo	ng the office hours of the City and every p of any identifiable public record. There m ou will be notified of the time delay within	person has a ay be occasions ten days. If,
	YOU WILL BE CONTACTED	WHEN THE INF	ORMATION IS READY	
	City Cle	erk Use Only		
	Mail	C	opy Cost:	
	Pickup	Pe	ostage:	
	Phone when ready	T	otal Due:	

THANK YOU FOR YOUR INTEREST IN OUR CITY'S RECORDS

White – City Clerk Copy Yellow – Customer Copy