

DATE RECEIVED _____

**CITY OF RIDGECREST
OFFICE OF THE CITY CLERK
REQUEST FOR PUBLIC RECORDS**

DATE: _____
(MM/DD/YYYY)

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____

INFORMATION REQUESTED: (Please be very specific)

PUBLIC RECORDS ACT, G.C. 6250-6268

The California Public Records Act was created to “guarantee access to information concerning the conduct of the people’s business ...a fundamental and necessary right of every person in the state”. Public records are open to inspection at all times during the office hours of the City and every person has a right to inspect any public records, except as provided for by law. You have the right to a copy of any identifiable public record. There may be occasions when it is impractical to provide an immediate copy; therefore you will be notified of the time delay not to exceed ten days. If, for some reason, your public records request cannot be granted, you will be notified within ten days of the receipt of the request.

Copies of public documents shall be provided to the public at a cost of \$2.00 for the first page and 20¢ for each additional page up to six pages – if more than six pages, \$2.00 for the first page and 80¢ for each ounce.

YOU WILL BE CONTACTED WHEN THE INFORMATION IS READY

CITY CLERK’S USE ONLY

Date(s) requestor contacted: _____ By: _____

___ MAIL ___ PICK UP

Date records or denial provided: _____

Public records request cannot be granted for the following reason:

Copy Cost: _____

THANK YOU FOR YOUR INTEREST IN OUR CITY’S RECORDS

Original: City Clerk
cc: Requestor, Finance Dept.