

REFERENCE #: PRA - 15 - _____

OFFICE USE ONLY

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Comments: _____

Public Records Request Form

City of Lincoln
Office of the City Clerk
600 Sixth Street
Lincoln, CA 95648
916-434-2490 (phone) 916-645-8903 (fax)

REQUESTOR'S NAME: _____ DATE: _____
(OPTIONAL)

CONTACT PREFERENCE email phone fax counter US mail
(OPTIONAL)

EMAIL: _____
(OPTIONAL)

TELEPHONE: () _____ FAX: () _____
(OPTIONAL) (OPTIONAL)

INFORMATION / COPIES REQUESTED:

REASON FOR REQUEST _____
(OPTIONAL)

I/We the undersigned, request documents as indicated and agree to pay for copies provided at the rate of twenty cents (\$0.20) each page, \$20.00 per compact disk or the cost of reproduction to use an outside vendor if necessary.

Signed: _____ Date: _____

Notice: This form and the information provided by the requestor is a public record subject to public disclosure. Within 10 days from receipt of request, the City will notify the requestor whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the City of Lincoln. If a request requires additional time to make a determination of the availability of records, requestor will be notified of an extension. State law limits this extension to 14 days. Records are subject to legal review prior to release. When notifying requestor of availability of records, the City will provide an estimated cost of any copies requested. Records not retrieved within 15 days of notification will be returned to storage. A new public records request will be required to initiate a new search and retrieval of requested records.