

write in date you e-mailed request to City of Whittier here

- Attorney Records Request
- Public Records Request

Date Completed:



Request for Public Documents
City of Whittier
 13230 Penn Street Whittier, CA 90602
 PH:(562) 567-9850 FX:(562) 567-2870

(Date Stamp- Received)

Upon receipt of a request for City records, the City shall determine within ten (10) calendar days if the records are public and available within the City's records system and notify the citizen of such determination (see California Public Records Act [CGC 6250-6261] for full text of this act).

Photocopy fee: 15¢ a page, and actual cost for mailing, if applicable. Photocopies from microfilm are 15¢ per page. CDs are \$30.00 (per Resolution No. 8198 adopted April 28, 2009).

<input checked="" type="checkbox"/> Lines with X's need to be	<input checked="" type="checkbox"/>
Requestor (Print Name)	Requestor's Signature
<input checked="" type="checkbox"/> filled out	<input checked="" type="checkbox"/>
Address	Home Telephone
	Business Telephone
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> optional
Email Address	Mobile/Cell

Do you wish to review documents prior to copying? If no, number of copies requesting

PLEASE PROVIDE A DETAILED DESCRIPTION OF THE PUBLIC DOCUMENTS REQUESTED:

Example -

How Much does the City of Whittier pay its elected Mayor from January 1, 2010 to December 31, 2015. Please include fees for meetings and travel.

Document Name:

Document Type (Resolution, Ordinance, Contract, Staff Report, Minutes, etc):

Document Date: (approximate):

Keywords (name, address, subject, etc.):

Other Information:

FOR OFFICE USE ONLY:

Date/time of request: _____ Due Date: _____

Request received by: _____

(Sign; make a copy for the Requestor (if desired); give this request to City Clerk or designee for processing)

REQUEST REVIEWED BY MANAGER, if applicable	Manager's Initials:	Date:
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Decide which option you would like

REQUEST FORWARDED TO:

Department:	Date:	Staff Member:	Department Response due by:
RECORDS			

REQUESTOR NOTIFIED UPON COMPLETION:**Date:****Mail, telephone, fax, email:****Total Charges:****COMMENTS:****City Clerk-Treasurer or Designee:****Date:****RECEIPT OF DOCUMENT(S):****Documents received by:****Date:**