

- Requestor Copy
- Records Manager/Designee Copy

FOR OFFICE USE ONLY
_____ REQUEST RECEIVED BY
_____ DATE/TIME OF REQUEST
_____ DUE DATE

CITY OF BLYTHE
REQUEST FOR PUBLIC RECORD(S)

235 North Broadway
 Blythe, California 92225
 Phone: (760) 922-6161 Fax: (760) 922-4938

NOTE: Upon receipt of a request for City records, the City shall determine within 10 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.)

PUBLIC RECORDS REQUESTED

Description of Document	Date	# of Copies	Charge
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

REQUESTOR INFORMATION

Name: _____	Title: _____
Name of Organization Representing: _____	
Complete Mailing Address: _____	
Contact Phone Number: _____	Email Address: _____

REQUESTOR ACKNOWLEDGEMENT

Please read each box carefully. Each box must be checked before signing.

- I/We agree to pay the City of Blythe at the rate of \$0.30 per page for hard copies, and/or \$0.10 per page for electronic copies, as listed above at the time of receipt by myself, or my representative.
- I/We understand that other charges may be applicable based on City Council Resolution No. 95-954.
- I/We understand these charges are payable in advance of preparation of said documents.

Requestor Signature: _____

Date: _____

PUBLIC RECORDS RELEASE

Date Requestor Notified: _____	Document(s) Pick-up Date: _____
Documents Received By: _____	Signature of Requestor
Confirmed Receipt By: _____	Signature of Staff Member