



**CITY OF YORBA LINDA
PUBLIC RECORDS ACT REQUEST FORM**

TO BE COMPLETED BY THE REQUESTOR

Upon receipt of a request for City records, the City shall determine within ten (10) days whether the request seeks copies of disclosable public records in possession of the City. (Government Code § 6250-6261).

Specify Type of Request: _____ Inspection _____ Copies

Please specify documents requested for inspection and/or copying. To assist the City in your request, please identify each requested record/document separately. Please be as focused and specific as possible. Non-specific or unfocused requests may cause a response to be delayed. Attach additional sheets if needed.

Date: _____ Signature: _____

OPTIONAL

Requestor's Name: _____

Mailing Address: _____

Telephone Number: _____ E-Mail: _____

FOR CITY USE ONLY

Date Received Stamp

Due Date: _____

Date Requestor Notified: _____

Number of Copies: _____

Copy Fee: _____

Cc: Department (s) with Records:

City Clerk's Office
(714) 961-7150

Office Hours: 7:30 a.m. – 5:30 p.m. Monday – Thursday
8:00 a.m. – 5:00 p.m. Friday – Closed on Alternate Fridays
4845 Casa Loma Avenue, Yorba Linda 92886