



CITY OF PITTSBURG
65 CIVIC AVENUE
PITTSBURG, CA 94565

PHONE (925) 252-4850
FAX (925) 252-4905
CityClerk@pittsburgca.gov

REQUEST FOR COPY OF PUBLIC RECORDS CITY CLERK'S DEPARTMENT

I, the undersigned, hereby request: _____ Copy of document
(or)
_____ Inspection of document

<u>Description of Document</u>	<u>Date of Document</u>	<u># of Copies</u>
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- | | | |
|----------|--|--|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

I agree to pay the City of Pittsburg all fees incurred for this service, prior to receiving records, in accordance with the City's Fee Schedule and Government Code Section 6257. The estimated fee is \$ _____.

Name/Organization

Date

Mailing Address or E-mail

Signature

Contact Person/Phone #

Receipt of Document: _____ pick up @ City Clerk's Office or _____ mail document
City of Pittsburg (additional postage fee)
65 Civic Avenue
Pittsburg, CA 94565

Make check payable to **City of Pittsburg**.

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for office use only
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	<u>Document</u>	<u>#of pages</u>	<u>fee</u>	<u>postage</u>	<u>total</u>
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Total fee due _____
(Revenue Code 110-40022-5547)

Date of request: _____
Request denied: _____
Response sent: _____

Date completed: _____
Reason for denial: _____
Date responded to request: (within 10 days) _____

Completed by: _____
Receipt of fee: _____