

**CITY OF SAN LEANDRO**  
**PUBLIC RECORDS REQUEST**

**REQUESTOR**

**Date** \_\_\_\_\_

The information below is optional, but we must have a way to contact you regarding the status of your request.

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

When the records are available, please notify me by:  Phone  Mail  E-mail  Fax

List the specific records that you are requesting:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request copies of the record(s) listed above or named in the attached document under the California Public Records Act:

*California Government Code §6250. Any person may receive a copy of any identifiable public record or copy thereof. Upon request, an exact copy shall be provided unless impracticable to do so. Computer data shall be provided in a form determined by the agency.*

*Each agency, upon any request for a copy of records shall determine within 10 days after the receipt of such request whether to comply with the request and shall immediately notify the person making the request of such determination and the reasons therefore.*

**NOTE: Requestors will be charged for the cost of photocopying at 10¢ per page, and records will only be held for five (5) days after date of notification.**

**PLEASE DO NOT WRITE BELOW THIS LINE**

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**REVIEW**

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Release Approved  Release Denied

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTIFICATION**

Notified by: \_\_\_\_\_ Date/Time: \_\_\_\_\_

Phone  Voicemail message left with: \_\_\_\_\_  Mail  E-Mail  Fax

Records delivered by:  Mail  In Person  E-mail  Fax

Photocopying charges (number of pages x 10¢ per page): \_\_\_\_\_ Date payment received: \_\_\_\_\_