



City of Santa Maria

# REQUEST FOR PUBLIC RECORDS

110 E. Cook Street, Rm. 3 ♦ Santa Maria, CA 93454

805-925-0951 ext. 307 ♦ 805-925-2243 fax

Email: [cityclerk@ci.santa-maria.ca.us](mailto:cityclerk@ci.santa-maria.ca.us) ♦ [www.cityofsantamaria.com](http://www.cityofsantamaria.com)

Date Stamp

**Step 1** Please use the following form to identify each requested record or document. Please be as specific as possible (use dates, locations, names, etc.). Non-specific inquiries may prevent staff from undertaking your request and delay response.

**Requestor Contact Information:** *This information is optional and is only used to contact you if there are questions about your request or to advise you when your request is completed and ready for review.*

Requestor Name:	Date of Request:
Email (required for email response):	Phone No.:
Mailing Address (required for mail response):	

**Record Information:** *Please fill in as many fields as possible.*

**1** Document Name: \_\_\_\_\_

Document Type \_\_\_\_\_ Document Date/Date Range: \_\_\_\_\_  
 (Resolution, Contract, Staff Report, etc.): \_\_\_\_\_

Other information or description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2** Document Name: \_\_\_\_\_

Document Type \_\_\_\_\_ Document Date/Date Range: \_\_\_\_\_  
 (Resolution, Contract, Staff Report, etc.): \_\_\_\_\_

Other information or description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Step 2** Submit this form to the City Clerk's Office via Email as an attachment to [cityclerk@ci.santa-maria.ca.us](mailto:cityclerk@ci.santa-maria.ca.us); via Fax to 805-925-2243; or via mail to 110 E. Cook Street, Rm. 3, Santa Maria, CA 93454.

**Step 3** City Clerk's Office staff will determine if the City has documents responsive to this request and respond to you within ten (10) days of receiving this request. Staff will also inform you of any reproduction charges.

**Step 4** If you would like to review the original documents at the City Clerk's Office, please contact staff to arrange a time to view the materials. If you would like to receive copies of the requested documents, you will be required to remit the appropriate reproduction fees at \$0.25 per page and postage costs, if any, to the City Clerk's office in advance.

**Service Requested:** *Please specify*

Review in Office (*no charge*)

Receive copies (*charges apply*)

<b>OFFICIAL USE ONLY</b>	Received via: <input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Telephone <input type="checkbox"/> Inter-department <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____	Response Needed By:	Response Date:	
	<input checked="" type="checkbox"/> City Attorney <input type="checkbox"/> City Manager <input type="checkbox"/> Human Resources <input type="checkbox"/> Administrative Services <input type="checkbox"/> Community Development	<input type="checkbox"/> Public Works/Engineering <input type="checkbox"/> Fire Department <input type="checkbox"/> Police Department <input type="checkbox"/> Recreation and Parks Dept. <input type="checkbox"/> Utilities <input type="checkbox"/> Other _____	Payment Amount: \$	Date of Payment:
	Date Docs Provided / Reviewed:		Other Details, if any:	
	Fwd to:			