



FOR CITY CLERK'S OFFICE USE

PUBLIC RECORDS ACT **REQUEST FORM**

OFFICE OF THE CITY CLERK

Date: _____

Received by:

Requestor's Name: _____

Company Name: _____

Requestor's Email: _____

Requestor's Telephone: _____

Requestor's Address: _____

DESCRIPTION OF REQUEST

Property Address, Project Name, etc.:

Time Period:

Please provide as much detailed information as possible regarding the records you seek. e.g. specific date(s), name(s), location, address, department, forms or report description, etc. (add pages if necessary)

Signature

Date

Please submit completed form to City Clerk's Office via email to cityclerk@carsonca.gov