

**CITY OF MT. SHASTA
PUBLIC RECORDS REQUEST**

Request Received	Request Completed/Notification Given	Request Picked-Up/Mailed/Faxed
(Official Date Stamp)	(Official Date Stamp)	(Official Date Stamp)
Staff Initials	Staff Initials	Staff Initials
How Request Was Received	Notification	Completion
Walk-In Mail	Notes: _____ _____	Picked-Up Faxed
PHONE OTHER _____		Mailed OTHER _____

To Be Completed By the Requester

***DATE:** _____

***RECORDS OR INFORMATION BEING REQUESTED:**

Per Government Code §6253(c) the City of Mt. Shasta has ten (10) days from the date of receipt of this request to make a determination as to whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the City and shall promptly notify the person making the request of the determination and the reasons therefore. In unusual circumstances, the time limit prescribed may be extended by written notice to the person making the request, setting forth the reasons for the extension.

I have read and understand the information provided herein:

REQUESTED BY: _____

PHONE: _____

Signature

FAX: _____

Printed Name of Requester

ADDRESS: _____

Email: _____

For Office Use Only

Copies

Faxes

Number of Pages: _____

Number of Pages: _____

Copy Charges: \$ _____

***INFORMATION MUST BE PROVIDED**

By law you DO NOT have to complete this form. However, the information requested on this form will help city staff in determining the best source documents containing the information you are requesting. The more specific your information can be as to what information or documents you need, the more help it will be to staff in researching your request.