



**City of La Verne
Public Records Request Form
City Clerk's Office**

FOR OFFICE USE ONLY

DATE: _____
NAME: _____
E-MAIL: _____
PHONE: _____

DELIVER OR MAIL TO: City Clerk's Office, City of La Verne
3660 D Street
La Verne, CA 91750
E-MAIL: lestrella@cityoflaverne.org
FAX: 909-596-8740
TELEPHONE: 909-596-8726

Pursuant to California Government Code Section 6256, "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."

If more than 10 days are needed to determine if your records request will be complied with, you will be notified per Government Code Section 6253c advising that an extension is needed.

PLEASE CHECK: I wish to EXAMINE or obtain a COPY of the following records:

PLEASE CHECK DELIVERY PREFERENCE: Pick-Up E-mail Mail (Please provide address)

PLEASE NOTE THE FOLLOWING COPYING FEES: _____
Black & White, all standard sizes.....\$0.15/page _____
CD/DVD.....\$15.00/disc _____
If mailed, plus applicable postage.

FOR OFFICE USE ONLY

Please circle how documents were provided to the customer: Viewed Copied E-mailed
Date documents were provided: _____ No. of Pages/Discs copied: _____ Fee: \$ _____
Processed by: _____ Amount of time to complete: _____