

Public Records Request Form

CITY OF WHEATLAND 111 C STREET, WHEATLAND CA 95692

(530) 633-2761 (530) 633-9102 <u>lthomason@wheatland.ca.gov</u>

This public records request form is provided for the public's convenience and for the City's administrative tracking purposes. The City of Wheatland is committed to providing prompt access to public records, consistent with the requirements of the California Public Records Act (Government Code Section 6250 et seq.).

TO BE COMPLETED BY THE F	REQUESTOR:			
NAME:			TODAY'S I	DATE:
ADDRESS:				
TELEPHONE:			FAX:	
EMAIL:				
REQUSTED DOCUMENTS/I	NFORMATION (PLEAS	E BE AS SPEC	CIFIC AS POSSI	BLE. LIST EACH DOCUMENT SEPARATLEY):
	☐ Provide Print C	ору	□ View Doc	ruments Only
☐ Walk-In/Personal	Pick-up Fax	Email OUR CITY I	Other	RESPOND TO YOUR REQUEST: OU WILL BE CONTACTED WHEN Y.
		EOD INTERNAL	LICE ONLY	
		FOR INTERNAL	USE ONLY	
REQUEST RECEIVED				
Date Request Received:	Time:	Respond	l By:	Assigned to:
TIME				
Time Spent:	Time Spent Assisting Requestor (SB 90 reimbursement):			
REQUEST COMPLETED				
-	Date Released:			Released By:
FEES				
Copy cost (.25 cents per page):	Pos	Postage (if any):		Total due: