



CITY OF SAN JACINTO

REQUEST FOR RECORDS

REQUESTS WILL BE PROCESSED WITHIN TEN (10) BUSINESS DAYS PER
CALIFORNIA GOVERNMENT CODE SECTIONS 6253 & 6256

Name of Requesting Party

Date of Request (MM/DD/YYYY)

Email Address

Telephone Number

Street Address

City, State, Zip Code

Subject of Request

Address or Any Other Identifying Information, Numbers or Dates

Period of Time to be Researched: FROM: _____

TO: _____

Number of Copies Requested: _____

In-House Review of Records Only

Duplication costs for records researched and copied must be paid upon receipt of records as follow:

-Hard-copy: \$.25 per page for 8 1/2 x 11

No. of Pages: _____ x \$.25 = TOTAL \$ _____

FOR OFFICE USE ONLY

Request Recieved By (Name & Title) _____

Request Approved – Approved by: _____

Request Disapproved – Reason _____

- Original Requester Notified by:

Email

Phone

In-Person

Letter

By: _____
(Name & Title)

Date: _____