



CITY OF PITTSBURG
65 CIVIC AVENUE
PITTSBURG, CA 94565

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REQUEST FOR COPY OF PUBLIC RECORDS CITY CLERK'S DEPARTMENT

I, the undersigned, hereby request: _____ Copy of document
(or)
_____ Inspection of document

<u>Description of Document</u>	<u>Date of Document</u>	<u># of Copies</u>
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1. _____
2. _____
3. _____

I agree to pay the City of Pittsburg all fees incurred for this service, prior to receiving records, in accordance with the City's Fee Schedule and Government Code Section 6257. The estimated fee is \$ _____.

Name/Organization	Date
Address	Signature
	Contact Person/Phone #

Receipt of Document: _____ pick up @ City Clerk's Office or _____ mail document
City of Pittsburg (additional postage fee)
65 Civic Avenue
Pittsburg, CA 94565

Or _____ email electronic files to: _____

Pay total due below at the Payment Center window, first floor, Civic Center Building. Make check payable to **City of Pittsburg**.

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for office use only
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	<u>Document</u>	<u>#of pages</u>	<u>fee</u>	<u>postage</u>	<u>total</u>
1.	_____				
2.	_____				
3.	_____				

Total fee due _____
(Revenue Code 110-40022-5547)

Date of request: _____	Date completed: _____	Completed by: _____
Request denied: _____	Reason for denial: _____	Receipt of fee: _____
Response sent: _____	Date responded to request: (within 10 days) _____	