

**CITY OF GALT
OFFICE OF THE CITY CLERK
380 Civic Drive, Galt, CA 95632
209.366.7130 clerk@ci.galt.ca.us**

**REQUEST FOR PUBLIC RECORDS
Completion of this form is optional.**

Your request will be processed in compliance with the California Public Records Act, except with respect to public records exempt from disclosure. While it is the City's policy to respond to requests for public records as quickly as possible, the Public Records Act allow the City up to 10 days to determine whether the documents will be disclosed. The charge for copies is \$.50 for the first page and \$.03 for each additional page (except for records exempt from this cost by law).

Name/Organization	Date Requested
Address/EMAIL	Signature of Requestor
Telephone	Telephone Request

I hereby request the following documents (or portions thereof) as indicated below: (Please be specific in your description. We will make every effort to respond to your request immediately.)

<u>DESCRIPTION OF DOCUMENT(S)</u>	<u>NO. OF COPIES</u>	<u>NO. OF PAGES</u>	<u>AMOUNT</u>

The City shall make records promptly available for inspection during regular business hours; however, if a request to inspect records entails numerous files and/or documents, the City reserves the right to set a date and time when the records will be made available for inspection.

Official Use Only

Pick-Up Date & Time _____	Date Completed _____
Completed By _____	Department _____
Amount Paid _____	Date _____