

Information - Records Request

Date requested:	Date required:
Requested by:	
Phone:	
Describe in detail the information	or type of document requested:
Please provide any other information filling your request:	ation (e.g. specific dates or names/titles) to assist in

Return completed Information – Records Request to:

City of Roseville
City Clerk Department
311 Vernon Street
Roseville, CA 95678
Fax 916-786-9175
cityclerk@roseville.ca.us
Call 916-774-5263 for more information

A fee may be assessed for the reproduction of documents consisting of more than nine pages, photos, CD's, DVD's, and postage requirements.

Per Public Records Act 6253: Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefore.

	FOR OFFICE USE ONLY	
Completion date:		
City Attorney approval:		
Copy fees:		