



TOWN OF COLMA PUBLIC RECORDS AND INFORMATION REQUEST FORM

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Other: ( ) \_\_\_\_\_

Preferred Method of Delivery (Please check one):  U.S. Mail /  Fax /  E-Mail /  Other \_\_\_\_\_

1. Records or information requested: (Please be specific - Resolution, Ordinance, Agreement, Minutes, etc.). Please number each request separately. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. **Processing Requests.** Within ten days after receipt of the request, the Records Coordinator shall notify the requestor, in writing, that: (1) The records will be produced, the conditions, if any, for production, and if the records are not produced at the same time of the response, the estimated date and time when the record will be made available; (2) The Town's time to respond has been extended and a brief statement of the reasons therefore; or (3) The request is denied, in which case the notice shall set forth the information described in the section entitled, "Notice of Denial." Please see Administrative Code §1.04.040 for a Summary of Exemptions.

3. **Conditions.** If the request is: (1) to inspect public records, the Town may require that the inspection occur during normal business hours, in a secure area, with a staff person present; (2) for a copy of a public record, the request must be accompanied by payment of a fee or deposit to the Town. The fee, however, may not exceed the actual cost of providing the copy; (3) for a large volume of records that will take time to locate or gather, the Town may produce the records on a schedule that allows staff sufficient time to tend to the every day needs of the public.

SIGNATURE:

\_\_\_\_\_

Do not write below this line

OFFICE USE ONLY

Date Request Received: \_\_\_\_\_ Date: Approved / Disapproved: \_\_\_\_\_ By: \_\_\_\_\_

Response Due Date: \_\_\_\_\_ 7<sup>th</sup> Day Custodian Reminder: \_\_\_\_\_ 14 Day Extension: \_\_\_\_\_

Deposit Required \$: \_\_\_\_\_ Date Deposit Received: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ By: \_\_\_\_\_

Follow-Ups: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_ / Sent by: \_\_\_\_\_ Date: \_\_\_\_\_

No. of copies: \_\_\_\_\_ Cost: \_\_\_\_\_ / No. of Audio Tapes: \_\_\_\_\_ Cost: \_\_\_\_\_ / Total Amount Due \$: \_\_\_\_\_

Method of Delivery:  U.S. Mail /  Fax /  E-Mail /  Other: \_\_\_\_\_

Delivery Date: \_\_\_\_\_  Picked Up By: \_\_\_\_\_ Date: \_\_\_\_\_

Balance Due \$: \_\_\_\_\_ Date Paid in Full: \_\_\_\_\_ Receipt No.: \_\_\_\_\_ By: \_\_\_\_\_

Date Logged: \_\_\_\_\_ Date to Records Manager: \_\_\_\_\_ Date filed by Records Manager: \_\_\_\_\_