CITY OF YORBA LINDA
PUBLIC RECORDS ACT REQUEST FORM

TO BE COMPLETED BY THE REQUESTOR

Specify Type of Request: _____ Inspection
_____ Copies

Please specify documents requested for inspection and/or copying. To assist the City in your request, please identify each requested record/document separately. Please be as focused and specific as possible. Non-specific or unfocused requests may cause a response to be delayed. Attach additional sheets if needed.

Date: _____ Signature: _____

OPTIONAL

Requestor's Name: _____

Mailing Address: _____

Telephone Number:_____ E-Mail: _____

FOR CITY USE ONLY

Date Received Stamp

cc: City Attorney
_____ (Department(s)
_____ with Records)