



# City of Nevada City

## REQUEST FOR RECORDS

Name of Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

\_\_\_\_\_ Fax #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(If different than above)

Records Requested: (Be Specific) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ I would like to inspect the records

\_\_\_\_\_ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. \*

Special Instructions: \_\_\_\_\_

\*Copy charges: \$0.25 per page, \$15.00 per CD/DVD

\_\_\_\_\_  
Signature

\*\*\*\*\*

**City Use:** \_\_\_\_\_ Date Received: \_\_\_\_\_

Name or Initials of Employee Processing request Date Processed: \_\_\_\_\_

Appointment Date(s) \_\_\_\_\_ Time(s): \_\_\_\_\_ to \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_