



City Clerk's Office  
 130 S. Main Street, Lake Elsinore, CA  
 (951) 674-3124, Ext. 269

<b>Completion Information For Official Use Only</b>	
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(Type)	
Request Completed By: _____	

## PUBLIC RECORDS REQUEST FORM

► **Attention Requestor:** To expedite your request, please fill out this form completely and identify specifically the type of records you are requesting. Where applicable, the title of the document or other specific identifying information is advisable. **NOTE:** The City is not required by law to create a new record or provide public records exempt by express provisions of law from disclosure. If the City is required to compile data, write programming language or to construct a computer report to extract data, the requestor will be charged for time and material. **The City has ten (10) days to determine whether the documents requested are disclosable public records.** I understand that the City of Lake Elsinore charges \$0.25 per page to produce copies of identifiable records and \$0.10 per page for copies of statements filed pursuant to the Political Reform Act (G.C. 81008). Public records are accessible at all times during regular office hours and can be inspected at no charge.

<b>Requestor Information</b>
Name: _____ Date: _____
Mailing Address: _____ (Optional)
City: _____ State: _____ Zip Code: _____
Phone No.: _____ Fax No.: _____ E-Mail: _____

<b>Requested Information</b>
Time Period of Documents Requested: From: _____ To: _____
Signature of Requestor: _____

↓ INTERNAL USE ONLY ↓

<b>Receipt of Request Information</b>	<b>Completion of Request Information</b>
Department Routed To: _____	Department Submitting Information: _____
Date Received: _____	Date Submitted to City Clerk's Office: _____
Staff Member Signature: _____	City Clerk's Office Verification (Initial Only): _____