



## REQUEST FOR PUBLIC RECORDS

Date \_\_\_\_\_

Name \_\_\_\_\_

Contact Information

Phone \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Documents Requested \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for Request \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

According to Placentia Library District Policy #1050, a twenty-five cent (25¢) per sheet fee will be charged for copies of requested documents. An estimate will be provided of fees for large quantity requests needing professional reproduction services.

Administration use only:

Date Request Rcvd: \_\_\_\_\_  
Date Confirmation sent: \_\_\_\_\_  
Date documents provided: \_\_\_\_\_