Print Form

Action Taken: _____
Date Received: _____
Date Completed: _____
PRA Request No._____

City Clerk's Office
11330 Bullis Road
Lynwood, CA 90262
(310) 603-0220 x.214
Fax: (310) 886-0449

# City of Lynwood

# REQUEST FOR PUBLIC RECORDS

**This public records request form itself constitutes a public record request and is subject to public records disclosure upon request.**

**DATE:** _____ **REQUESTORS INFORMATION**

**PRINT FULL NAME:** _____

**ADDRESS:** _____

**CITY, STATE, ZIP CODE:** _____

**COMPANY NAME (IF APPLICABLE):** _____

**TELEPHONE NUMBER / EMAIL:** _____

**I WOULD LIKE TO RECEIVE RESPOSIVE DOCUMENTS VIA EMAIL** **YES** ○ **NO** ○

## PLEASE LIST ANY AND ALL RECORDS REQUESTED

(City has 10 days to determine whether the request, in whole or part, is a disclosable public record pursuant to G.C. Section 6253 (C). In certain circumstances, the 10-day period determination may be extended to additional 14-days, so long as persons are advised.)

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**COST OF COPIES - $0.10 PER SHEET**

_____
**REQUESTOR'S SIGNATURE**