



COUNTY OF MENDOCINO
PUBLIC RECORDS ACT REQUEST FORM

PUBLIC RECORDS ACT GUIDELINES AND PROCEDURES

GC 6250. IN ENACTING THIS CHAPTER, THE LEGISLATURE, MINDFUL OF THE RIGHT OF INDIVIDUALS TO PRIVACY, FINDS AND DECLARES THAT ACCESS TO INFORMATION CONCERNING THE CONDUCT OF THE PEOPLE'S BUSINESS IS A FUNDAMENTAL AND NECESSARY RIGHT OF EVERY PERSON IN THIS STATE.

"PUBLIC RECORDS" INCLUDES ANY WRITING CONTAINING INFORMATION RELATING TO THE CONDUCT OF THE PUBLIC'S BUSINESS PREPARED, OWNED, USED, OR RETAINED BY ANY STATE OR LOCAL AGENCY REGARDLESS OF PHYSICAL FORM OR CHARACTERISTICS. "PUBLIC RECORDS" IN THE CUSTODY OF, OR MAINTAINED BY, THE GOVERNOR'S OFFICE MEANS ANY WRITING PREPARED ON OR AFTER JANUARY 6, 1975.

TO BE COMPLETED BY REQUESTOR (Optional)

Requestor/Contact Name (optional):			
Requestor/Contact Information	Email: _____	Phone: _____	
Requestor/Contact Mailing Address (If applicable)	Mailing Address: _____		
	City: State/Zip Code: _____		
Description of request: <i>(please be as detailed in your description as possible)</i>	_____		

Method of Delivery (Circle):	Pick up	Mail	Fax Email Other: _____
<input type="checkbox"/> I wish to inspect the requested records, where applicable, and do not want copies produced at this time. <input type="checkbox"/> I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. (The cost per duplication is 10¢ per page.) I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.			

FOR OFFICE USE ONLY

Receipt of Request Date:	Referral: _____	County Counsel: _____
Department:	Department Referred To: _____	
How Request was Submitted (Circle):	Walk-in	Mail Phone Fax Other: _____
Estimated Date of Availability:	_____	
Estimated Cost of Request:	Number of Copies: _____ x \$ _____ per page = \$ _____	
	Computer Media: _____ = \$ _____	
	Postage: _____ = \$ _____	
	Other: _____ = \$ _____	
	Total: _____ = \$ _____	
	Customer Receipt #: _____	Cashier Initials: _____

*Please use a separate form for each request