

Mail or deliver to:
6330 Pine Avenue
Bell, CA 90201
Attn: City Clerk



PUBLIC RECORDS REQUEST FORM

The following request is made under the California Public Records Act:

The documents or records described below be provided for examination by the Requesting Party at the offices of the City of Bell during normal City business hours.

Copies of the documents or records described below be provided to the Requesting Party by the City. Requesting Party agrees to pay the direct cost to the City for the copies requested prior to receipt.

Please be advised that the City's photocopying fee is \$0.10 per page.

Name of Requesting Party

Mailing Address

Phone Number

The documents and records requested are described as follows:

(Description must reasonably identify the public records.)

Please attach additional pages, if necessary.

For copying request, please indicate a preference:

Requesting Party will pick up the copies at the City. Please contact me at the above phone number or address when the copies are ready.

Please mail the copies to the address specified above. Please contact me when the copies are ready for mailing and advise me of the costs. *(Requesting Party must pay copying and postage costs before the copies will be mailed.)*

For Office Use Only

Reviewed by _____

Request Rec'd _____

Response Completed _____

Copy Charges _____

Postage _____

Total Paid _____