



City Clerk's Office
600 East A. Street
Dixon, CA 95620

Date Received: _____
Due Date: _____
Date Completed: _____
PRA Request No. _____

(City Clerk's Date Stamp)

CITY OF DIXON

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: _____

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.)

REQUESTOR'S SIGNATURE

COST OF COPIES: Subject to Master Fee Schedule

SUBMIT REQUESTS via email: cityclerk@cityofdixon.us, Fax: (707) 678-0960

Mail: City Clerk, 600 East A Street, Dixon, CA 95620