CITY OF RANCHO CUCAMONGA
PUBLIC RECORDS REQUEST FORM
CITY CLERK/RECORDS MANAGEMENT

DATE: _____

NAME: _____

E-MAIL: _____
(PLEASE PRINT CLEARLY)

PHONE: _____

FOR OFFICE USE ONLY

E-MAIL FORM TO : RECORDS@CITYOFRC.US
FAX FORM: 909-919-2905
TELEPHONE: 909-477-2700 EXT. 2012

DELIVER OR MAIL: CITY CLERK'S OFFICE, CITY OF RANCHO CUCAMONGA
10500 CIVIC CENTER DRIVE
RANCHO CUCAMONGA, CA 91730

PURSUANT TO CALIFORNIA GOVERNMENT CODE SECTION 6256, "EACH AGENCY, UPON ANY REQUEST FOR A COPY OF RECORDS SHALL DETERMINE WITHIN 10 DAYS AFTER THE RECEIPT OF SUCH REQUEST WHETHER TO COMPLY WITH THE REQUEST AND SHALL IMMEDIATELY NOTIFY THE PERSON MAKING THE REQUEST OF SUCH DETERMINATION AND THE REASONS THEREFORE."

IF MORE THAN 10 DAYS ARE NEEDED TO DETERMINE IF YOUR RECORDS REQUEST WILL BE COMPLIED WITH, YOU WILL BE NOTIFIED PER GOVERNMENT CODE SECTION 6253C ADVISING THAT AN EXTENSION IS NEEDED.

PLEASE CIRCLE: **I wish to EXAMINE or COPY the following records**

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Please Circle Delivery Preference: **Pick-up** **E-mail** **Mail (Please provide Address)**

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PLEASE NOTE THE FOLLOWING COPYING FEES:

Black and White, all standard sizes..... $0.10 per page
Color, all standard sizes..... $0.23 per page
CD/DVD…… $10.00 per disc

FOR OFFICE USE ONLY

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