



CITY OF SANTA MONICA
OFFICE OF THE CITY CLERK
RECORDS REQUEST

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_
TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

RECORDS REQUESTED: TITLE, NUMBER, SUBJECT, NAME; ACTUAL OR APPROXIMATE DATE, IF KNOWN:

STAFF REPORT(S): \_\_\_\_\_
MINUTES: \_\_\_\_\_
CAMPAIGN STATEMENT(S): \_\_\_\_\_
STATEMENT(S) OF ECONOMIC INTERESTS: \_\_\_\_\_
CONTRACT NO.: \_\_\_\_\_
RESOLUTION NO.: \_\_\_\_\_
ORDINANCE NO.: \_\_\_\_\_
OTHER \_\_\_\_\_

YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE PUBLIC RECORDS ACT (California Government Code Section 6253(c)): "Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor..."
THANK YOU FOR YOUR INTEREST IN THE CITY'S RECORDS. YOU WILL BE CONTACTED WHEN THE INFORMATION IS READY.

TO BE COMPLETED BY THE OFFICE OF THE CITY CLERK:

RETURN TO:

DATE NEEDED: \_\_\_\_\_
DATE PROCESSED: \_\_\_\_\_
COPY CHARGES: 25¢ per page; (10¢ per page, FPPC reports only)
TOTAL CHARGES: \$ \_\_\_\_\_
DATE: \_\_\_\_\_ MAILED [ ] PICKED UP [ ]

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