



**City of La Verne  
Public Records Request Form  
City Clerk's Office**

FOR OFFICE USE ONLY

**DATE:** \_\_\_\_\_  
**NAME:** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_  
**PHONE:** \_\_\_\_\_

**DELIVER OR MAIL TO:** City Clerk's Office, City of La Verne  
3660 D Street  
La Verne, CA 91750  
**E-MAIL:** lestrella@ci.la-verne.ca.us  
**FAX:** 909-596-8740  
**TELEPHONE:** 909-596-8726

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 CHECK:** I wish to EXAMINE or obtain a COPY of the following records:

**PLEASE CHECK DELIVERY PREFERENCE:** Pick-Up    E-mail    Mail (Please provide address)

**PLEASE NOTE THE FOLLOWING COPYING FEES:** \_\_\_\_\_  
Black & White, all standard sizes.....\$0.15/page \_\_\_\_\_  
CD/DVD.....\$15.00/disc \_\_\_\_\_  
If mailed, plus applicable postage.

FOR OFFICE USE ONLY

Please circle how documents were provided to the customer:    Viewed    Copied    E-mailed  
Date documents were provided: \_\_\_\_\_ No. of Pages/Discs copied: \_\_\_\_\_ Fee: \$ \_\_\_\_\_  
Processed by: \_\_\_\_\_ Amount of time to complete: \_\_\_\_\_