

Request for Public Records

Submittal of this form is not required but it is provided for your convenience.

**Contra
Costa
County**



To Be Completed by Requester

Name of Requester	Date
Agency/Company	Email Address
Mailing Address	Phone # Fax #

Requested Documents/Information:
 (please be as specific as possible, e.g., subject matter, key words, date range, County department(s), etc.)

FOR OFFICE USE ONLY

(Official Date Stamp) Clerk's Initials: _____	(Official Date Stamp) Clerk's Initials: _____	(Official Date Stamp) Clerk's Initials: _____
Request Received	Notification of Records Availability Given	Request Picked Up, Mailed or Faxed
<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Fax <input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediate <input type="checkbox"/> One Business Day <input type="checkbox"/> Other: _____ Comment: _____	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Other: _____

Number of Copies: _____ X \$ _____ per page = \$ _____ (reference Administrative Bulletin 120 for fees)

Computer media: _____ = \$ _____

Postage: _____ = \$ _____

Other: _____ = \$ _____

TOTAL: _____ = \$ _____

Total Money Collected \$ _____ **Cash | Check | Money Order**

Customer Receipt #: _____ **Cashier's Initials:** _____

Please use a separate form for each request!