



CITY OF GILROY
OFFICE OF THE CITY CLERK
REQUEST FOR PUBLIC RECORDS

Requestor _____

Date _____

Address _____

Daytime Phone # and Ext. _____

Signature _____

Fax # _____

Specific description of public records requested (list each document, file, or record separately):

*****BELOW FOR CITY USE*****

Request received by:

Phone

Walk-in

Mail

Inter-Department

Other

E-Mail

Statute Deadline _____

Copy Charge _____

Date Assigned _____

Staff Initials _____

Completion Date _____

Time to Complete _____

Customer Type:

Public

City Employee

Other Government