CITY OF VISALIA

CITIZEN REQUEST FORM

Date _____

PLEASE CHECK APPROPRIATE REQUEST:

_____ Copy(s) of Public Record(s) - COMPLETE SECTION A

_____ Appointment/Meeting - COMPLETE SECTION B

_____ Other Information/Material - COMPLETE SECTIONS C

SECTION A - Request for Copy(s) of Public Records

Name_____Phone

_____

Address_____

_

City

_____State_____ZIP_____

____ Please call me when materials are ready (normally within 24 hours unless several copies, documents, document dates, and/or search & retrieval are involved)

____ Please mail me the information

____ Requesting information on an address (fill in address/APN below)

____ Requesting information on a project

Project Name_____

APN_____

Address_____

Any additional comments:_____

_____

Number of copies requested:_____Date of Document (if

appropriate):_____ Type of

Information_____

Requested by _____

SECTION B - Request for Other Information or Material

Name_____Phone_____

Address_____

City_____State_____ZIP_____

_

____ Please call me when materials are ready (normally within 24 hours unless several copies, documents,

dates, and/or search & retrieval are involved)

____ Please mail me the information

Type of information or material requested:_____

_____

_____

TO BE COMPLETED BY CITY STAFF - Calculation of Fees

ESTIMATED FEES	$_____
DEPOSIT/FEES RECEIVED	$_____
ACTUAL FEES	$_____
BALANCE DUE/REFUND	**$**_____

* PER COPY CHARGES: See Administration Fees Attached