



City of Hughson Office of the City Clerk
7018 Pine Street/ PO Box 9
Hughson, CA 95328
Telephone: (209) 883-4054 Facsimile:
(209) 883-2638

Date Stamp Received:

REQUEST FOR PUBLIC RECORDS

INFORMATION NEEDED:

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

Please select one option: Inspect Copies Email

RECORDS REQUESTED: Please describe below the specific records you are requesting and any additional information that will help us identify and locate them for you as quickly as possible. Attach additional sheets if necessary. Upon completion of this request, you will receive you materials and an invoice for the applicable costs.

FOR OFFICE USE ONLY

Date Received by Clerk: _____

Department: _____

Date available for pick up/inspection: _____

Request Completed By:
 Staff Name: _____

Date: _____

Notes: _____

Copy of Records: \$ _____
 \$0.10 per page X _____ pages