



# CITY OF CYPRESS

## REQUEST FOR PUBLIC RECORDS

Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***In accordance with Government Code § 6253(c), the City of Cypress, within 10 days from receipt of this request, shall determine whether to comply with the request and shall notify the person making the request immediately of the determination and reasons therefor.***

***In accordance with Government Code §81008, the City of Cypress, within two days from receipt of this request, shall make available campaign documents at a cost not to exceed ten cents (\$.10) per page.***

I wish to:  obtain copies of the following records

review

Please provide a complete description of documents you are requesting:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY CITY CLERK'S OFFICE:

Completed by (Department) \_\_\_\_\_

Inspected/copies provided on \_\_\_\_\_

Disclosure of the requested record is prohibited by law.

Signature \_\_\_\_\_ Date \_\_\_\_\_

City Attorney