



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