



# CITY OF LAKE FOREST PUBLIC RECORDS REQUEST FORM

City Clerk's Division

The City of Lake Forest ("CITY") shall, upon receipt of a request for City records, determine within ten (10) calendar days if the records are public and available within the City's records system and notify the requesting party of such determination (see California Public Records Act [Cal. Govt. Code § 6250 et seq.] for full text of this Act).

Photocopy fees: \$0.75 first page; \$0.15 each page thereafter  
\$0.10 per page for FPPC documents  
Oversize documents – Full reimbursement of out-sourced charges

\_\_\_\_\_  
Name/Organization

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address (Optional)

\_\_\_\_\_  
Phone Number      FAX Number      Signature

Date requested: \_\_\_\_\_ I wish to review: \_\_\_\_\_ I wish to obtain copies: \_\_\_\_\_ of the following records:

*Please list each document, file or record separately, and describe the specific records as completely as possible.*

(1) Street Address: \_\_\_\_\_ Tract/ Parcel No.: \_\_\_\_\_

Requested Information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Non-Property Related Information Requested: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Comments

*For Internal Use*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*For Internal Use*

### Disposition of Request

Documents/response provided on (Date): \_\_\_\_\_ by (check one):  Mail;  Pick-up;  Fax;  Email;  Phone

Documents Reviewed Immediately on: \_\_\_\_\_

Completed by: \_\_\_\_\_ # of Copies \_\_\_\_\_ Copy Fee: \$ \_\_\_\_\_

Documents Provided: \_\_\_\_\_

Comments: \_\_\_\_\_

Office Hours Monday – Thursday 8:00 a.m. to 6:00 p.m. and Fridays 8:00 a.m. to 5:00 p.m.  
100 Civic Center Drive, Lake Forest, CA 92630 (949) 461-3400 FAX (949) 461-3515