



CITY OF DANA POINT
PUBLIC RECORDS REQUEST FORM
 City Clerk's Department

Action Required By:			
<input type="checkbox"/> City Clerk Office	<input type="checkbox"/> PW		
<input type="checkbox"/> Admin.	<input type="checkbox"/> CD		

The City of Dana Point (“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: \$0.10 per page (letter/legal/tabloid size only); \$0.20 per page if photocopies from microfiche
 \$0.50 per page for faxes; \$6.00 per page for large format photocopies (copies larger than tabloid size)

If photocopies are to be mailed, postage fees will apply. If a request is made for building plans, per Health and Safety Code § 19851, postage fees will apply for a certified letter(s) to be sent to the owner, architect, and/or engineer.

_____ Name/Organization

_____ Mailing Address

_____ Email Address (Required)

_____ 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. If known, please include a limited timeframe of the documents you are seeking. If your inquiry encompasses multiple addresses, please use a separate Public Records Request Form for each address:

(1) Street Address: _____ Tract/ Parcel No.: _____
 Closest Cross Street: _____
 Requested Information: _____

(2) Non-Property Related Information Requested: _____

City Attorney Review: _____
 Approved By _____ Date _____

Comments: _____

For Internal Use	Disposition of Request
Documents/response provided on (Date): _____	by (check one): <input type="checkbox"/> Mail; <input type="checkbox"/> Pick-up; <input type="checkbox"/> Fax; <input type="checkbox"/> Email; <input type="checkbox"/> Phone
Documents Reviewed Immediately on: _____	
Completed by: _____	# of Copies _____ Copy Fee: \$ _____
Documents Provided: _____	
Comments: _____	

Office Hours Monday – Thursday 7:30 a.m. to 5:30 p.m. and Friday 7:30 a.m. to 4:30 p.m.
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 (949) 248-3500 FAX (949) 248-9920