REQUEST FOR PUBLIC RECORDS

In accordance with the California Public Records Act (“Act”), Government Code Section 6250 et. seq., the City of Beverly Hills provides access to public records, except those exempt from disclosure by law. Pursuant to the Act, the City has ten (10) days from receipt of the request to determine whether the request, in whole or in part, seeks copies of disclosable public records in the City’s possession and to notify the requestor of that determination. In unusual circumstances, the 10-day time limit may be extended by written notice to the requestor, setting forth the reason for the time extension as required by the Act. If the City determines there are disclosable public records, the records will be made available as promptly as is reasonably practicable. A request for a copy of an identifiable public record must be accompanied by payment of fees to cover the direct costs of duplication before copies are released. The City’s copying cost is $2.00 for the first page of each document and $0.22 for each additional page. Checks should be made payable to: City of Beverly Hills.

Requestor Information:

Name ____________________________________________________________
Company (if applicable) ____________________________________________
Address __________________________________________________________
Phone # ______________________ Fax # ________________________________
E-mail address _____________________________________________________

Record or document requested. Please be as specific and detailed as possible to enable City staff to identify and locate the documents requested. If known, please indicate in which department(s) the records reside. Also please provide case number, location/address of property, date range or time period, and other information if known.

Location/Address of property _________________________________________
Case # (if any) ___________________________________________________
Date Range or Time Period _________________________________________
Other Details: ____________________________________________________

I agree to pay for all applicable fees and charges for copies of records I have requested.

__________________________________________________  _______________________
Signature                                              Date