



REQUEST FOR PUBLIC RECORDS

Date _____

Name _____

Contact Information

Phone _____ Email _____

Address _____

Documents Requested _____

Reason for Request _____

Signature _____ Date _____

According to Placentia Library District Policy 1050, a twenty-five cent (25¢) per sheet fee will be charged for copies of requested documents. An estimate will be provided of fees for large quantity requests needing professional reproduction services.

Administration use only:

Date Request Rcvd: _____

Date Confirmation sent: _____

Date documents provided: _____