

# PUBLIC RECORD REQUEST ORDER FORM

## **Instructions and costs**

This form can be used for Public Records Requests pursuant to the California Public Records Act, Govt. Code Section 6250. Written requests for public records can be submitted in person, by mail, email, or fax. For additional information about Agency policies, please consult the Access Services Public Records Act Guidelines.

You will be responsible for the direct cost of duplication for any documents requested over ten (10) pages as well as shipping charges. Documents will not be produced until payment has been received. We will notify you of any special charges or other additional charges authorized by state law or regulation before processing your request. Payment shall be made by cash, check, or money order payable to Access Services.

## **Records duplication cost:**

Letter Size 8.5" x 11"	\$0.20 cents per copy
Letter Size 11" x 17"	\$0.20 cents per copy
Color Copies 8.5" x 11"	\$1.00 per copy
Color Copies 11" x 17"	\$1.00 per copy
Oversize Documents 22" x 34"	\$5.00 per copy
Compact Disk Preparation	\$5.00 per disk

Fees for programming and computer services will be based on the cost of the staff performing the work. The level of staff needed to fulfill the request for electronic information could vary depending on the intricacies and complexity of the request.

## **Please send your request to:**

Public Records Unit, Access Services  
PO Box 5728  
El Monte, CA 91734

\_\_\_\_\_  
Access ID No. (required)                      DOB

\_\_\_\_\_  
First Name                                      Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State                      Zip

\_\_\_\_\_  
Primary Phone                                Email Address

**Public records/information requested:** (specify date range of information)

**Preferred fulfillment method:**

Mail

\_\_\_\_\_  
First Name                                      Last Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City    State                      Zip

\_\_\_\_\_  
Primary Phone

\_\_\_\_\_  
 Email Address                                       Fax

\_\_\_\_\_  
Print Name                                      Signature                                      Date

**Please mail, email or fax completed and signed form to:**

Access Services, Public Records Unit, P.O. Box 5728, El Monte, CA 91731

Fax: **213.270.6057**, Email: [cserv@accessla.org](mailto:cserv@accessla.org)

