Access Services Public Records 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 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”
11” x 17”
Color Copies 8.5” X 11”
Color Copies 11” X 17”
Oversize Documents 22 x 34
Cassettes Duplication
Compact Disk Preparation

.20 cents Per Copy
.20 cents Per Copy
1.00 Per Copy
1.00 Per Copy
5.00 Per Copy
5.00 Per Cassette
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. For significant efforts, the requestor may be required to pay a portion or all of these costs in advance of commencing the work.

Please send your request to:

Public Records Unit, c/o Elisa Diaz, Access Services,
PO Box 5728
El Monte, CA  91734

Access Services is a public entity.
Public Records Order Form

Requestor Name__________________________________________________________
Date Requested_________________________________________________________
Company Name___________________________________________________________
Address_________________________________________________________________
City__________________________
State________________________
Zip Code____________________

Phone Number__________________________
Fax Number__________________________
E-mail______________________________

Description of Records Requested