

# CITY OF RIVERSIDE

## REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

DESCRIPTION OF RECORDS REQUESTED	COPY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
SIGNATURE OF REQUESTER

\_\_\_\_\_  
DATE OF REQUEST

\_\_\_\_\_  
CITY OF RIVERSIDE

\_\_\_\_\_  
COPY FEES PAID

NOTE: CHARGES FOR COPYING EXPENSES MUST BE PAID BEFORE COPIES ARE MADE