

CITY OF PITTSBURG
Request To Access City Records

1st Request-Date: _____
2nd Request-Date: _____
Other-Date: _____

Consistent with the policy that the public is entitled to full information about the affairs of the City of Pittsburg, this form must be completed and signed in order to inspect or copy any public records. A determination will be made as soon as possible but not later than 10 working days.

Party Making Request:

Name: _____
Address: _____
City: _____
Business Phone: _____ Home or Other: _____

Nature Of Request & Records Requested:

(Please describe the records requested)

Signature

Date

Received By

Date

() Approved

() Not Approved

Reasons/Comments: _____

City Attorney

Date

City Manager

Date

Disposition: _____

Date Routed To The City Attorney _____

Date City Secretary Forwarded For Processing: _____

Date To Dept Staff _____