



**CITY OF YUBA CITY
RECORDS REQUEST FORM**

DATE OF ORIGINAL REQUEST: _____

THE FOLLOWING REQUESTOR INFORMATION IS OPTIONAL:

*REQUESTED BY: _____

*PHONE NO.: _____ E-MAIL: _____

ADDRESS: _____

RECEIVED BY: _____ BY: _____

*DOCUMENT(S) REQUESTED: _____

*=Required Field

CITY CLERK OFFICE USE ONLY

DATE/TIME RECEIVED: _____ RESPOND BY: _____

REQUESTED INFO FROM: _____ DATE: _____

DEPT: _____

COMPLETED & DELIVERED ON: _____ BY MAIL/PICK-UP
(CIRCLE ONE)

COPY FEE'S COLLECTED:(first 10 pages no charge, each addtl/ sheet \$.10 ea.) _____

Credit to Account # 100-44121

COMMENTS: _____

