



Return Completed Form To:
Town of Corte Madera / Town Clerk's Office
300 Tamalpais Drive
Corte Madera, CA 94925
Tel: 415-927-5085 / Fax: 415-927-5087
E-mail: rvauqhn@tcmmail.org

REQUEST FOR PUBLIC RECORDS

Your request will be processed in compliance with the Public Records Act, California Government Code §6253.

Upon receipt of a request for a copy or inspection of records, the Town shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, will be made available and shall promptly notify the requestor of the determination and the reasons therefore. In certain circumstances, the time limit prescribed in this section may be extended by written notice to the requestor, setting forth the reasons for the extension and the date on which a determination is expected to be dispatched. If it is determined that there are disclosable public records, the records will be made available as promptly as is reasonably practicable.

Please note that you will be contacted when the information is available for pickup and/or inspection. All document duplication fees are due and payable in full and are based on the Town's current fee resolution (currently \$0.25 per page, with no charge for the first 10 pages). Request for copies of identifiable public records must be accompanied by payment of fees to cover direct cost of duplication prior to release of the copies. Alternatively, records may be emailed to the requestor in a .PDF format, or desired format, if available, at no cost. Under California Government Code §6253(e), local agencies are under no obligation to create records that do not already exist at the time of the request.

NOTE: PLEASE TYPE OR PRINT AND ATTACH ADDITIONAL SHEETS IF NECESSARY

Name: _____ Date: _____

Address: _____ City: _____ ZIP: _____

Telephone: _____ Fax: _____ E-mail: _____

SUBJECT OR ITEM REQUESTED:

Please be as specific as possible. A request must be one that "reasonably describes an identifiable record or records," per Government Code §6253.

- I wish to view the record(s). Please call at the above telephone number when the record(s) is/are ready for viewing.
- I want copies of the pages in the record(s) that I have marked.
- I want copies of the entire record(s).
- I want hard copies of the documents mailed to the physical address above.
- I want free, electronic copies of the documents e-mailed to the e-mail address above (if applicable).

FOR OFFICE USE ONLY:

Staff Time: _____ Person Notified: _____
Comments: _____
Date Completed: _____ By: _____