



## PUBLIC RECORDS REQUEST FORM CITY CLERK'S OFFICE

1700 W. 162<sup>nd</sup> Street, Gardena, CA 90247

Email: [cityclerk.web@cityofgardena.org](mailto:cityclerk.web@cityofgardena.org)

Phone: 310.217.9565

Date Requested: \_\_\_\_\_ Preferred Method of Delivery: ☐ E-Mail ☐ Pick-up ☐ US Mail

Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Direct cost(s) for Duplication of Requested Records will be determined when records have been identified, you will be notified of the cost before the duplication process. The charge for duplication is .15 cents per page. Other fees may apply depending on the type of request.

**Request for Records Relating to:** *(The records requested must be described in enough detail to enable Department personnel to locate them with a reasonable amount of effort. In general, the more specific the request describes the records sought the greater likelihood that the Department will be able to locate those records).*

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### YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE CA PUBLIC RECORDS ACT

The City of Gardena (City) is committed to transparent and open government practices. The City responds to requests for public records pursuant to the California Public Records Act (CPRA). The city has ten (10) days within which to respond to your request unless it decides, unilaterally, to invoke the 14-day extension for one or more of the four reasons which would justify it in [Section 7922.535](#) of the Government Code.

**Government Code Sections §§ 7920.000-7930.215:** [CA Government Code - Title 1 - General - Division 10 - Access to Public Records](#); [AB - 473 CA Public Records Act](#)

If you need assistance with this request or wish to review the records on-site, please call the City Clerk's Office at (310)217-9565 for further information. Thank you.

----- **FOR OFFICE USE ONLY** -----

Received by: _____	Received: <input type="checkbox"/> Counter <input type="checkbox"/> E-mail <input type="checkbox"/> PRA Portal <input type="checkbox"/> Other
Forwarded to: _____	NextRequest PRA #: _____
Charge Amount: _____	Date Paid: _____
Date Completed: _____	Delivered via: <input type="checkbox"/> PRA Portal <input type="checkbox"/> E-mail <input type="checkbox"/> Pick-up <input type="checkbox"/> Other