



City of East Palo Alto – City Clerk’s Office  
 2415 University Avenue, 2<sup>nd</sup> Floor  
 East Palo Alto, CA 94303  
 Phone: 650 853-3127 Fax: 650 853-3115  
 Email Submittals: [cityclerk@cityofepa.org](mailto:cityclerk@cityofepa.org)

## Public Records Request

The City of East Palo Alto encourages public participation in the governing process and provides reasonable accessibility to all public records except those documents which are exempt from disclosure by express provisions of law or considered confidential or privileged under the law. The City is under no obligation to respond to requests which are not focused or specific. The City may withhold documents which are exempt from disclosure under state or federal law, including the attorney-client privilege or any other applicable privilege. The City, in accordance with Government Code Section 6253(b), has ten (10) days to respond to any request for public documents by indicating whether or not the documents exist and will be made available. Actual production of the documents may take somewhat longer depending upon their ease of availability and staff workload. To assist us in providing a timely response to your request, please fill out the form below and indicate the specific record/document you wish to review.

Name (please print): \_\_\_\_\_

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

Address/City: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Record or Document Requested:**

To assist the City with your request, please identify each requested record/document separately and be as specific as possible. Non-specific inquiries may cause responses to be delayed or may prove to be burdensome and therefore the City may not be able to respond. (Additional sheets may be used) **Submit all requests to City Clerk’s Office.**

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Photocopies are \$0.10 (b/w) or \$0.26 (color) per 8.5” x 11”page plus mailing costs, if applicable. Fees must be paid before records are released by making a check payable to “*City of East Palo Alto.*”

I agree to pay all applicable fees and charges for any copies I request of the above mentioned document(s). *Accepted method of payment:* Cash or check. Credit card accepted in person only.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date:

**For Departmental Use Only:**

Action Requested: \_\_\_\_\_  
 Action Taken: By \_\_\_\_\_ Date \_\_\_\_\_  
 \_\_\_\_\_ Review Only \_\_\_\_\_ Document Reviewed \_\_\_\_\_ Non-Existent Document  
 \_\_\_\_\_ Copies Requested \_\_\_\_\_ Copies Provided \_\_\_\_\_ Other (Please Explain)  
 \_\_\_\_\_ Refusal/Reason \_\_\_\_\_

**For City Clerk’s Use Only:**

Date Requestor Notified \_\_\_\_\_ Notified by: \_\_\_\_\_ Date Picked Up/Mailed \_\_\_\_\_