



CITY OF PITTSBURG  
 65 CIVIC AVENUE  
 PITTSBURG, CA 94565

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## REQUEST FOR COPY OF PUBLIC RECORDS CITY CLERK'S DEPARTMENT

I, the undersigned, hereby request: \_\_\_\_\_ Copy of document  
 (or)  
 \_\_\_\_\_ Inspection of document

Description of Document	Date of Document	# of Copies
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I agree to pay the City of Pittsburg all fees incurred for this service, prior to receiving records, in accordance with the City's Fee Schedule and Government Code Section 7921.300. The estimated fee is \$ \_\_\_\_\_.

Name/Organization _____	Date _____
Address _____	Signature _____
_____	Contact Person/Phone # _____
Email address _____	

Receipt of Document: \_\_\_\_\_ pick up @ City Clerk's Office or \_\_\_\_\_ mail document  
 City of Pittsburg (additional postage fee)  
 65 Civic Avenue  
 Pittsburg, CA 94565

Or \_\_\_\_\_ email electronic files to: \_\_\_\_\_

Pay total due below at the Payment Center window, first floor, Civic Center Building. Make check payable to **City of Pittsburg**.

.....  
**for office use only**  
 .....

	<u>Document</u>	<u>#of pages</u>	<u>fee</u>	<u>postage</u>	<u>total</u>
1.	_____				
2.	_____				
3.	_____				

Total fee due \_\_\_\_\_  
 (Revenue Code 110-40022-5547)

Date of request: _____	Date completed: _____	Completed by: _____
Request denied: _____	Reason for denial: _____	Receipt of fee: _____
Response sent: _____	Date responded to request: (within 10 days) _____	