

# Request for Public Records

Completion of this form is optional. This form is provided for your convenience. You are not required to provide your name to review or obtain copies of disclosable public records.

Contra  
Costa  
County



## To Be Completed by Requester

Name of Requester _____	Date _____
Agency/Company _____	Email Address _____
Mailing Address _____	Phone # _____ Fax # _____

### Requested Records:

**(Please be as specific as possible, e.g., include parcel number(s) / APN(s) and respective property address(es))**

## FOR OFFICE USE ONLY

(Official Date Stamp)	(Official Date Stamp)	(Official Date Stamp)
Clerk's Initials:	Clerk's Initials:	Clerk's Initials:
<i>Request Received</i>	<i>Notification of Records Availability Given</i>	<i>Request Picked Up, Mailed or Faxed</i>
<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Fax <input type="checkbox"/> Other: _____	<input type="checkbox"/> Immediate <input type="checkbox"/> One Business Day <input type="checkbox"/> Other: _____ <b>Comment:</b>	<input type="checkbox"/> Picked Up <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Other: _____

Number of Copies: \_\_\_\_\_ X \$ \_\_\_ per page = \$ \_\_\_\_\_ *(reference Administrative Bulletin 120 for fees)*

Computer media: = \$ \_\_\_\_\_

Postage: = \$ \_\_\_\_\_

Other: = \$ \_\_\_\_\_

TOTAL: = \$ \_\_\_\_\_

Total Money Collected \$ \_\_\_\_\_ *Cash / Check / Money Order*

Customer Receipt #: \_\_\_\_\_ *Cashier's Initials: \_\_\_\_\_*

*Please use a separate form for each request!*