

SUNSET CITY REQUEST FOR RECORDS

REQUESTOR NAME: _____

ADDRESS: _____

DAYTIME PHONE#: _____

SPECIFIC DESCRIPTION OF REQUESTED RECORD(S): _____

RECORD NUMBER (IF KNOWN): _____

NAME OF PERSON(S) AND DATE OF BIRTH(S) (IF KNOWN) THAT ARE INVOLVED IN RECORD(S): _____

SIGNATURE: _____ DATE: _____

SUNSET CITY SHALL RESPOND TO A RECORDS REQUEST NO LATER THAN 10 BUSINESS DAYS AFTER RECEIVING THE REQUEST FOR RECORDS.

FOR OFFICE USE ONLY:

SIGNATURE OF PERSON RECEIVING REQUEST: _____

DATE REQUEST RECEIVED: _____ TIME: _____

G APPROVED - REQUESTOR NOTIFIED ON _____

G DENIED - WRITTEN DENIAL SENT ON _____

G REQUESTOR NOTIFIED THAT OFFICE DOES NOT MAINTAIN RECORD; AND, IF KNOWN, WAS NOTIFIED OF NAME AND ADDRESS OF AGENCY THAT DOES MAINTAIN RECORD ON _____

G EXTENSION OF TIME FOR EXTRAORDINARY CIRCUMSTANCES. REQUIRED NOTICE SENT ON _____

FEE FOR COPY: _____ RECEIPT #: _____ DATE: _____