Public Records Request Form
City of Salinas, California

Instructions
Type or print all information completely. This form is not required to make a request, but helps the City with tracking and responding. Email form to cclerk@ci.salinas.ca.us or fax (831) 758-7368. Copies of records are $0.25 per page; electronic transmittal fees may apply.

Name: ____________________________________________  Today’s Date: ________________

Address: ________________________________________  E-mail: ____________________________

Telephone Number: (_____) ______________________ Fax: (_____) ______________________

Description of Records Requested (Please be as specific as possible)
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

☐ I would like to inspect the record(s) requested.
☐ I would like copies of the record(s) requested.
☐ Please tell us how you would like for the City to respond to your request.
   ☐ Pick-up
   ☐ Fax
   ☐ mail
   ☐ U.S. Mail
   ☐ Other ______________________________

Special Instructions (if any):
_________________________________________________________________________________

For Internal Use Only

How Request Was Received:
☐ Walk-In    ☐ Phone    ☐ Fax    ☐ Mail    ☐ E-mail    ☐ Other: __________________________

Response Due Date: __________________________ Completion Date: _______________________

How Response Was Completed:
☐ Pick-up    ☐ Fax    ☐ Mail    ☐ E-mail    ☐ Other: __________________________

Number of pages and costs: ___________ pages  $________ (total cost)

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