



CITY *of* CLOVIS

BUILDING DEPARTMENT

1033 FIFTH STREET • CLOVIS, CA 93612

PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION (PLEASE PRINT OR TYPE)

REQUESTOR NAME: _____

DATE: _____

Please indicate the best way for Staff to respond regarding this request:

MAILING ADDRESS: _____

CITY: _____, STATE: _____ ZIP: _____

PHONE: _____ CELL: _____

E-MAIL: _____

DESCRIPTION OF RECORDS REQUESTED (If Known, the following information will be help fulfill the request.)

Assessor's Parcel Number (s): _____

Property Address: _____

Please describe the type of records requested and the period to narrow the search so that the information requested is provided promptly.

Description:

PLEASE NOTE: The City has jurisdiction only within the incorporated parts of the city boundaries. Therefore, no research requests for parcels outside city limits shall be honored.

GUIDELINES

Appointments for file review are made in advance only during regular office business hours and subject to staff availability. Original records may not be removed from their original file jackets, reorganized, or removed from the premises under any conditions. Copies will be provided, and the requestor will be charged 10 cents per page. The City is allowed up to ten (10) days to respond to the request. Every effort will be made to provide the information earlier, but the City is allowed up to ten days to respond