

CITY of CLOVIS

BUILDING DEPARTMENT

1033 FIFTH STREET • CLOVIS, CA 93612

PUBLIC RECORDS REQUEST FORM

building@cityofclovis.com

REQUESTOR NAME:			DATE:
Please indicate the best way for	Staff to respond regard	ding this request:	
MAILING ADDRESS:			
CITY:	, STATE:	ZIP	:
PHONE:		CELL:	
E-MAIL:			
DESCRIPTION OF RECORDS F	REQUESTED (If Known,	the following informa	ation will be help fulfill the request.)
Assessor's Parcel Number (s): _			
Property Address:			
Please describe the type of reco requested is provided promptly.	rds requested and the	period to narrow	the search so that the information
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

Rev. 03-09-2021