



## REQUEST FOR COPIES OF PUBLIC RECORDS

**BACKGROUND.** “Except with respect to public records exempt by express provisions of law from disclosure, each state or local agency, upon any request for a copy of records, which reasonably describes an identifiable record, or information produced therefrom, shall make the records promptly available to any person, upon payment of fees, covering direct costs of duplication, or a statutory fee, if applicable” (Government Code Section 6250).

**POLICY.** It is the policy of SGVCOG to complete requests for public records within ten business days of receipt of this completed form. The preferred method of requests and delivery is via email. Depending on the complexity of the request or ability to locate documents, additional time may be required. The resulting increase in administrative costs may be imposed on the requester before the documents can be provided.

### DELIVERY OF RECORDS

#### By email

Submit this completed form to [sgv@sgvcog.org](mailto:sgv@sgvcog.org).

#### By US Postal Service

Allow five (5) business days for mail delivery.

#### By Pickup

Please arrange for the pickup. The same charges apply per page.

### COST

Requested public records will be produced at the charge of ten (10) cents per page plus any costs of the staff time for retrieving and duplicating the document(s) and postage if necessary.

### DIRECTIONS

Upon completion of this request, an invoice will be emailed to you at the address provided. Records will be delivered once payment is received.

Mail Check or Money Order only, make payable to ***San Gabriel Valley Council of Governments:***  
*Attn: Administrative Services Department*  
1333 S. Mayflower Avenue, Suite 360  
Monrovia, CA. 91016



**RECORDS REQUEST**

Agency/Company \_\_\_\_\_

Business Address \_\_\_\_\_  
*Street*

Phone \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip code* \_\_\_\_\_  
Email \_\_\_\_\_

Record Name and/or Description	Record Date if known	No. of sets

**DELIVERY METHOD:**

- Email
- US Postal Service
- Pickup *(please call our office to schedule)*

Requester Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR INTERNAL USE ONLY**

Received by \_\_\_\_\_

Request completed by \_\_\_\_\_

**COST CALCULATION**

No. of copies requested: \_\_\_\_\_

Total cost at \$0.10 each:     \$    

Hourly wage of staff completing request:     \$    

Total time spent: \_\_\_\_\_

Cost of staff work:     \$    

**Total Cost** *(copy cost + staff work)*:     \$