



City Clerk's Office  
600 East A. Street  
Dixon, CA 95620

Date Received: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
PRA Request No. \_\_\_\_\_

(City Clerk's Date Stamp)

# CITY OF DIXON

## REQUEST FOR PUBLIC RECORDS

This public records request form itself constitutes a public record request and is subject to public records disclosure upon request.

DATE: \_\_\_\_\_

### REQUESTORS INFORMATION

PRINT FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

COMPANY NAME (IF APPLICABLE): \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### PLEASE LIST ANY AND ALL RECORDS REQUESTED

(City has 10 days to determine whether the request, in whole or part, is a disclosable public record pursuant to G.C. Section 6253 (C). In certain circumstances, the 10-day period determination may be extended to additional 14-days, so long as persons are advised.)

\_\_\_\_\_  
REQUESTOR'S SIGNATURE

COST OF COPIES: \$0.05 PER SHEET

**EMAIL REQUESTS TO: [cityclerk@ci.dixon.ca.us](mailto:cityclerk@ci.dixon.ca.us) Fax to (707) 678-1489**

**Mail to: City Clerk 600 East A Street, Dixon, CA 95620**