



**CITY OF SAUSALITO**  
420 Litho Street, Sausalito, CA 94965-1933  
Phone (415) 289-4199 FAX (415) 289-4167

**PUBLIC RECORDS ACT REQUEST FORM**

In accordance with the California Public Records Act ("Act"), Govt. Code § 6250 et. seq., the City of Sausalito provides access to public records, except those exempt from disclosure by law. Pursuant to the Act, the City has (10) days from receipt of the request to determine whether the request, in whole or in part, seeks copies of disclosable public records in the City's possession and to notify the requestor of that determination. In unusual circumstances, the 10-day time limit may be extended by up to 14 days by written notice to the requestor, setting forth the reason for the time extension as required by the Act. If the City determines there are disclosable public records, the records will be made available as promptly as is reasonably practicable. Request for copies of identifiable public record must be accompanied by payment of fees to cover the direct costs of duplication before copies are released. The City's copying cost is \$0.25 per page. Please submit a check or money order made payable to the City of Sausalito. Alternatively, records may be emailed to the requestor in a .PDF format or desired format if available at no cost. Under Govt. Code § 6253(e) local agencies are under no obligation to create records that do not already exist at the time of the request.

*NOTE: PLEASE TYPE OR PRINT. Attach additional sheets if necessary.*

CONTACT INFORMATION OF REQUESTOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City State Zip Code*

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

**PREFERRED METHOD OF RECEIVING DISCLOSABLE DOCUMENTS:**

*(ensure that information for preferred method is completed above)*

Mail    Email    Phone    Fax

**RECORD(S) OR DOCUMENT(S) REQUESTED:**

Please be as specific and detailed as possible to enable City staff to identify and locate the documents requested. If known, please indicate in which department(s) the records reside. Also, please provide project number, address of property, and any other pertinent information, if known.

ADDRESS: \_\_\_\_\_ PROJECT NUMBER: \_\_\_\_\_  
*(if applicable) (if applicable)*

DEPARTMENT(S): \_\_\_\_\_  
*(if known)*

**DESCRIPTION OF RECORDS REQUESTED (you may attach additional sheets):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I agree to pay for all applicable fees and charges for copies of records I have requested.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Date)*

**RETURN COMPLETED PUBLIC RECORDS ACT REQUEST FORM TO THE CITY CLERK:**  
**City of Sausalito, Attn: City Clerk, 420 Litho Street, Sausalito, CA 94965-1933**