

## PUBLIC RECORDS REQUEST

DATE REQUESTED:	D	DATE PROVIDED:		
$\square$ PUBLIC REQUEST		REQUEST		
NAME:		DEPT:		
COMPANY NAME:				
ADDRESS:				
PHONE/EXT NO:	El	MAIL:		
FAX NO:				
DOCUMENTS (S) REQUESTED:				
☐ REQUESTED FOR REVIEW ONLY				
APPROVED BY (If needed):				
C	TTY AT	TORNEY		
Number of pages:				
AMOUNT DUE: PL	PLEASE REMIT TO: City Clerk's Office 1 N. San Antonio Road Los Altos, CA 94022 650-947-2720			
Accounting Number:				
(Charge Code) (Object Code	,			
Copies of documents, with the exception of counless outside duplication services are require		<u>lection related</u>	frecords, are available for 25 cents,	
Forward to	X	City Manager	:/City Clerk	
Community Development		Recreation		
Finance		Public Safety		
Human Resources		Engineering S	Services	
		Maintenance Services		