



# REQUEST FOR PUBLIC RECORDS

DATE STAMP

**CITY OF COVINA**  
**CITY CLERK OFFICE/RECORDS MANAGEMENT**  
125 E College Street  
Covina CA 91723  
(626) 384-5430 - Office (626) 384-5425 - Fax

To expedite your request and allow an efficient procedure for processing, please complete this public records request form providing clear and specific description of the information you are requesting, such as dates, addresses or titles of documents sought. Any person may request to inspect or receive a copy of an identifiable public record, except those records that are exempt under the provisions of the law. Pursuant to the California Public Records Act, the City Clerk's Office will notify you within 10 calendar days of receiving a request of its determination, in addition to whether it may be necessary to request a 14-day extension.

*(Public Records Act, Gov't Code §6250-6268)*

**Records maintained by the Covina Police Department should be requested at:  
Covina Police Department, 444 North Citrus Avenue, Covina, (626) 331-3391**

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### ***Requestor Information:***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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### ***Requested Records:***

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Copies of public documents shall be provided to the public at a cost of .10¢ per page and \$1 for CD or DVD (actual cost of postal mail) pursuant to Covina City Resolution No. 09-6792.

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*City Clerk Office Use Only*

Taken by: _____	Copy cost: _____
Due date: _____	Postage: _____
Notified: _____	Total cost: _____