

PRA No. _____



Public Records Request Form

City of Menifee
29714 Haun Road
Menifee, CA 92586
Contact: Roxy Elliott
Phone: (951) 672-6777
Email: relliott@cityofmenifee.us

Date Stamp:

Records Requested (Please be as detailed as possible): _____

Customer Information

Name: _____
Phone: _____
Email: _____
Address: _____
Company: _____
Signature: _____

Response Preference:

- Email/PDF
- Paper
- Inspect

Please refer to fee schedule for cost of paper copies.

****Please Note:** Your request will be processed in compliance with the Public Records Act California Government Code §6253(C). Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor. In unusual circumstances, the time limit prescribed in this section may be extended by written notice by the head of the agency or his or her designee to the person making the request, setting forth the reasons for the extension and the date on which a determination is expected to be dispatched..**

For Office Use Only

Response Due: _____

Date Completed: _____

Delivery/Pick-Up Date: _____

Completed By: _____

Request Received:

- Walk-In
- Phone
- Email
- Fax
- Letter
- Other