CITY OF ISLETON INFORMATION REQUEST FORM

Pursuant to California Government Code § 6256

Date:		□ Pub	olic Request	City Council Request
Name: Mailing Address:				
Phone:				
	(Home)	(Cell)	(Fax)	
Department Information Requested Form				
□ City Manager	□ City Clerk	□ Building Inspector	r 🗆 Public	e Works □ Accounting
(If requestor does not know which department the desired records are maintained, this request will be forwarded by city staff to the appropriate department)				
INFORMATION BEING REQUESTED: (Please be specific and attach additional sheets of necessary) - Please allow up to 10 business days for completion of your request. Thank you, City Staff- (see copy fees below)				
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FOR OFFICE USE ONLY Date RESPONSE provided BY:				
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