## **CITY OF ISLETON** INFORMATION REQUEST FORM Pursuant to California Government Code § 6256

Date:		□ Pub	olic Request □ C	ity Council Request
Name:				
Mailing Address:				
Phone:				
rnone.	(Home)	(Cell)	(Fax)	
Department Information Requested Form				
□ City Manager	□ City Clerk	□ Building Inspecto	r 🛮 🗗 Public W	orks   Accounting
(If requestor does not kno	ow which department t	he desired records are maintai appropriate department)	· •	forwarded by city staff to the
		ase be specific and attach adness days for completion of yo	Iditional sheets of neces ur request. Thank you, (	ssary)
		(SEE COST DETAILS BELO	w)	_
•				
Date <b>RESPONSE</b> pro		-FOR OFFICE USE ON BY:		
		RV·	NAME / DEPA	RTMENT
MAILED:	date	BY: PICK-UP:	NAME / DEPA FAX:	RTMENT
	NODIEC OVA			
STANDARD SIZE (☐ Black Copies			E COPIES 8.5X14 opies\$.50ea.	-
☐ Colored Copies			Copies\$.65ea	
•	<u>FAX</u>	\$1.00ea.x	\$	
<b>STAFF TIME:</b>	□ Staff time	e <b>FREE</b> less than 10 mi	inutes	
□ Public Works □ 1	$1/4 hr $10.52 \square 1$	$/2hr $21.04 \square 3/4hr $$	$331.56  \Box  1hr  \$42.0$	07 <b>Total:<mark>\$</mark></b>
		$1/2$ hr \$19.51 $\square 3/4$ hr		
• •		1/2hr \$50.00 □3/4hr \$		
-		r \$10.54 □3/4hr \$15.8		Total: <mark>\$</mark>
□ City Clerk □ 1/4		or $$9.66 \square 3/4 \text{hr } $14.4 \text{taff time is calculated at } 6$		Total: <mark>\$</mark>
	`		, a. rouded rute)	
	$\mathbf{G}$	RAND TOTAL DUE:	<b>\$</b>	