

**CITY OF STOCKTON
INFORMATION/COPIES/RESEARCH REQUEST**

NOTICE: Requests for information may be subject to approval by the City Attorney.

NAME: _____ DATE: _____
ADDRESS: _____ TELEPHONE: _____
_____ REQUEST
_____ RECEIVED BY: _____

I agree to pay for research and all copies made at my request:

(Signature)

(Printed Name)

AFFECTED ADDRESS (if any): _____

INFORMATION REQUESTED: _____

REASON FOR REQUEST: _____

This section to be completed by City Attorney:

APPROVED: _____
DENIED: _____ City Attorney

DATE: _____
COMMENTS: _____

DEPARTMENT: _____ RETURN TO: _____

RESPONSE TO REQUEST: _____

	<u>Quantity</u>	<u>Charges</u>
DOCUMENTS:	_____	\$ _____
CERTIFICATIONS:	_____	\$ _____
CASSETTES:	_____	\$ _____
RESEARCH TIME:	_____	\$ _____
TOTAL AMOUNT:		\$ _____
BILL: _____ YES _____ NO		

Completed by: _____ Date: _____ Time: _____