

Request for Public Records

Name of Person Requesting Record:		
Address:		
City:	State:	Zip:
Phone Number:		
Email Address:	A	
List Record(s) Being Requested:		
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Drofowed vegetal delivery formaty (shee	cana antivi	
Preferred records delivery format: (chec ☐ Electronic (via email) ☐ Fax	k one only)	FF
Hard Copy – Pick up in-person	0 F D II T I	LE BOIL
☐ Hard Copy – Pick up in-person☐ Hard Copy – Mailed	GE BY II	HE BHY /
Requestor Signature:	Date of R	equest:
Per Government Code Section 6256, the City is received to have records available for release		
The cost for copying public records is per the https://www.albanyca.org/departments/finance		
The charge for duplicating tapes/CDs/DVDs is copying and you will be charged for duplication	n	send the tape out for
For Office Use		
Date Received:		
Date Record Released:	Released	Ву:
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