



San Francisco Public Library

**Public Records Request Form**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Number to be called when documents are available or to clarify request

A request must be one that “*reasonably describes an identifiable record or records*” (Government Code § 6253).

**SUBJECT or ITEM REQUESTED: (Please be as specific as possible)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- I want to see the record(s). Please call me at the above phone number when the records are ready for viewing.
- I want copies of the pages in the record(s) that I have marked (‘post-its’ for single pages or paper clips for multiple consecutive pages).
- I want the entire record(s) copied.
- I want the information mailed to the address above.

**The cost for copies is 10 cents per page (20 cents per page for 2-sided copies), except for mass produced records. Postage costs are additional.**

**Payment is required before releasing copies of requested records. Only exact change or checks accepted. Checks should be made payable to: San Francisco Public Library.**

**FOR OFFICE USE ONLY:**

Staff Time: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Date Completed: \_\_\_\_\_ By: \_\_\_\_\_

Ready for refileing \_\_\_\_\_