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 refiling___________