

Request No. \_\_\_\_\_

Received by: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_

## **TOWN OF APPLE VALLEY**

### **REQUEST FOR COPIES OF PUBLIC RECORDS**

"Except with respect to public records exempt from disclosure by express provisions of law, each state or local agency, upon a request for a copy of records that reasonably describes an identifiable record or records, shall make the records promptly available to any person upon payment of fees covering direct costs of duplication, or a statutory fee if applicable." (G.C. §6253(b)).

"Each agency, upon a request for a copy of records, shall, within **10 days** from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor." (G.C. §6253(c)).

NOTE: This form is not required for requests for copies of Statements of Economic Interest (G.C. §91008) or Campaign Statements.

Form may be faxed to: **760-961-6241**; emailed to: [records@applevalley.org](mailto:records@applevalley.org); or mailed to:  
Town of Apple Valley, Town Clerk's Office 14955 Dale Evans Parkway, Apple Valley CA 92307

#### **Request for a copy of public records as thoroughly identified below:**

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**Date:** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**Copying Fees:**  
(Per Resolution Number 2013-29)

- 1) Copying from 8 1/2" x 11 or 8 1/2" x 14"
  - Each Page..... \$0.20 (B/W)
  - Each Page..... \$0.30 (Color)
  - Copying from 11" x 17"..... \$0.50

- 2) Copying to USB Drive..... \$6.00

- ( ) Copies to be mailed to requestor                      ( ) Copies to be emailed to requestor\*  
( ) Copies to be picked up by requestor

**MAKE CHECKS PAYABLE TO "TOWN OF APPLE VALLEY"**

***To be completed by Town Clerk's Office:***

*Number and size of copies and/or media:* \_\_\_\_\_

*Deposit/Fee Received:* \_\_\_\_\_ *Actual Cost:* \_\_\_\_\_  
*(Account Code 1001-0000-6112-0000)*

*Balance Due/Refund:*                      \$ \_\_\_\_\_

\_\_\_\_\_  
*Mailed by/Date:* \_\_\_\_\_ *or* \_\_\_\_\_  
*Picked up by/Date:* \_\_\_\_\_

**\*Due to size, email may not be available. Requestor will be contacted.**