

**CITY OF ALHAMBRA CITY CLERK'S OFFICE**  
**PUBLIC INFORMATION REQUEST FORM – A PUBLIC DOCUMENT**  
**OFFICE (626) 570-5090**  
**FAX (626) 576-8568**

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

<b>Date of Request:</b>	
<b>Name and Address of Person Requesting Information:</b>	
<b>Company Name:</b>	
<b>Phone No.</b>	
<b>Email:</b>	
<b>Fire Report No.</b>	<b>Date of Incident:</b>
<b>REQUEST FOR</b>	
<b>Requesting information for the address of:</b>	
<b>INTERNAL USE ONLY</b>	
<b>VIEW ONLY? YES ___</b>	
<b>Number of Pages:</b>	<b>Requested Time For Viewing:</b>
@ .10 per page:	Date:
<b>Amount of Postage:</b>	Time:
Audio CD: @ \$5.25 each:	
Video DVD: @ 10.00 each:	
<b>Total Amount Due:</b>	
<b>Assigned To:</b>	<b>Routed To:</b>
<b>Date of Extension:</b>	
<b>Date Completed:</b>	
<b>Date Requestor Notified:</b>	
<b>Date Material Picked Up, Faxed, Mailed, or Emailed:</b>	