



City of Pinole

2131 Pear Street • Pinole CA 94564

PUBLIC RECORDS REQUEST

Office of the City Clerk
Phone (510) 724-8928
Fax(510) 724-9826
pathenour@ci.pinole.ca.us

Name: _____

Company (if applicable): _____

Address/City/Zip: _____

Telephone: _____ Email: _____

Describe records requested. Please be specific. For each record, provide type, date or time period, subject, title, etc.

Copies requested?

- YES. I understand there is a cost associated with this request (as outlined below) which must be paid prior to receipt of the documents requested.
- NO. I just wish to view the records.

Signature: _____ Date: _____

For Official Use



Received by: _____ Date: _____

Approved by: _____ Date: _____

Materials provided via: _____ Date: _____

Copies:	No. of pages: _____ @ 20¢ per page	= \$ _____
Copies FPPC filings:	No. of pages: _____ @ 10¢ per page	= \$ _____
Certification:	\$15 (for up to three documents)	= \$ _____
Copy of DVD/CD:	No. of DVD/CDs: _____ @ \$2 each	= \$ _____
Postage if mailed:	Actual Cost	= \$ _____
Miscellaneous:	_____	= \$ _____
Total Cost:		\$ _____