



City of Holtville

Request for Public Records

Date received _____

Party/Representing a party

Due date _____

Not a party

(Response Due: Immediately or within 10 days from date of request)

Requester Information [Voluntary unless seeking personal or individually identifiable information]

Name	
Company	
Representing	
Business/Home Address	
Alternative Address	
City, State, Zip Code	
Daytime Phone (business/cell)	
Evening Phone (home)	
Fax	
Email	

Description of Record Request/Initial Contact with Requesting Party:

Inspection

Copying

Type of Record:
Department of Origin:
Other:

For Requests for Personal Information or Individually Identifiable Information, state the purpose for which the information will be used and provide proof of identity and address.

▼ FOR OFFICE USE ONLY ▼

Name of City Employee – Initial Contact:
Date of Completion & Format of Records: