

City of Tracy

333 Civic Center Plaza, Tracy, CA. 95376

PUBLIC RECORDS REQUEST

Name:			
Company (if applicable): _			
Address/City/Zip:			
Telephone:		_ Email:	
Describe records requeste title etc.	d. Please be specific.	For each record, prov	ide type, date or time period, subjec
paid prior to NO. I just wish to	receipt of the documen	ts requested.	as outlined below) which must be
			·
			Date:
Approved by:			Date:
Materials provided via:			Date:
Copies: Copies FPPC filings: Certification: Copy of Existing DVD/CD Postage if mailed: Miscellaneous	No. of pages: \$17	@ 10 ¢ per page	= \$
WIGOCIIAI ICOUS		Total Cos	- Ψ st = \$