

CITY OF OAKLAND-PUBLIC RECORDS REQUEST FORM
OFFICE OF THE CITY ATTORNEY

Request Received (Official Date Stamp)	Request Completed/Notification Given (Official Date Stamp)	Request Picked-Up/Mailed/Faxed (Official Date Stamp)
Staff Initials	Staff Initials	Staff Initials
How Request Was Received	Notification	Completion
Walk-In _____ Mail _____ Phone _____ Other _____	Date Requestor Notified: _____ Notes: _____ _____	Picked-Up _____ Faxed _____ Mailed _____ Other _____

To Be Completed by the Requester

Name of Requester: _____ **Phone:** _____ **Fax :** _____

Agency/Company: _____

Mailing Address:

Email: _____

Date of Request: _____

Requested Documents/Information (PLEASE BE AS SPECIFIC AS POSSIBLE)

Date Sent to City Attorney: _____ **Date Completion Notice sent to City Attorney:** _____
(If you need legal assistance, please call the City Attorney's Office at Ext. 2965)

For Office Use Only

Copies: _____ **Faxes:** _____
Number of Pages: _____ **Number of Pages:** _____ **Total Copy Charges: \$** _____