



City Clerk's Office
11330 Bullis Road
Lynwood, CA 90262
(310) 603-0220 x.214
Fax: (310) 886-0449

Date Received: _____
Date Completed: _____
PRA Request No. _____



City of Lynwood

REQUEST FOR PUBLIC RECORDS

This public records request form itself constitutes a public record request and is subject to public records disclosure upon request.

DATE: _____

REQUESTORS INFORMATION

PRINT FULL NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

COMPANY NAME (IF APPLICABLE): _____

TELEPHONE NUMBER / EMAIL: _____

I WOULD LIKE TO RECEIVE RESPONSIVE DOCUMENTS VIA EMAIL

YES

NO

PLEASE LIST ANY AND ALL RECORDS REQUESTED

(City has 10 days to determine whether the request, in whole or part, is a disclosable public record pursuant to G.C. Section 6253 (C). In certain circumstances, the 10-day period determination may be extended to additional 14-days, so long as persons are advised.)

REQUESTOR'S SIGNATURE _____

COST OF COPIES - \$0.10 PER SHEET

Email this request to: PRA@lynwoodca.gov