CITY OF ALHAMBRA CITY CLERK'S OFFICE
PUBLIC INFORMATION REQUEST FORM – A PUBLIC DOCUMENT
OFFICE (626) 570-5090
FAX (626) 576-8568

Public Request No. _____ -

Date of Request:
Name and Address of Person Requesting Information:
Company Name:
Phone No.
Email:
Fire Report No. **Date of Incident:**
REQUEST FOR
Requesting information for the address of:
INTERNAL USE ONLY

VIEW ONLY? YES ☐

Number of Pages:	@ .10 per page:	**Requested Time For Viewing:**
Amount of Postage:		Date:
Audio CD:	@ $5.25 each:	Time:
Video DVD:	@ 10.00 each:	
Total Amount Due:		

Assigned To: ***Routed To:***
Date of Extension: ***Date Completed:***
Date Requestor Notified:
Date Material Picked Up, Faxed, Mailed, or Emailed: