CITY OF STOCKTON

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INFORMATION / COPIES / RESEARCH REQUEST

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ORGANIZATION:_____ TELEPHONE:_____

ADDRESS:_____

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I, the undersigned, agree to pay for research and all copies made at my request at the rate listed for that service in the City of Stockton Fee Schedule at the time of my request.

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INFORMATION REQUESTED (PLEASE BE SPECIFIC):_____

_____

_____

REASON FOR REQUEST:_____

FOR THE USE OF CITY ATTORNEY'S OFFICE ONLY

REQUEST FOR RELEASE OF INFORMATION IS: APPROVED_____ DENIED_____

_____ _____

DATE SIGNATURE OF CITY ATTORNEY OR AUTHORIZED REPRESENTATIVE

COMMENTS:_____

FOR CITY USE ONLY

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NAME DEPARTMENT PHONE

RESPONSE TO REQUEST:_____

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