City of Albany
Request for Public Records

Name of Person Requesting Record: ____________________________________________

Address: __________________________________________________________________

City: ___________________________ State: ____________ Zip: ____________

Phone Number: ______________________

Email Address: ____________________________

List Record(s) Being Requested: ____________________________________________

________________________________________________________________________

Preferred records delivery format: (check one only)
☐ Electronic (via email) ☐ Fax
☐ Hard Copy – Pick up in-person (10¢ per page)
☐ Hard Copy – Mailed (10¢ per page plus cost of mailing)

Requestor Signature: __________________________ Date of Request: ____________

Per Government Code Section 6256, the City of Albany has ten (10) days from date request
is received to have records available for release to the requesting party.

The cost for copying public records is $0.10 per copy. The charge for duplicating
tapes/CDs/DVDs is at cost. The City will send the tape out for copying and you will be charged
for duplication.

For Office Use

Date Received: __________________________

Date Record Released: _________________ Released By: _________________

Notes: ________________________________________________________________

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