

CITY OF STOCKTON INFORMATION / COPIES / RESEARCH REQUEST Notice: Requests for information may be subject to approval by the City Attorney

NAME:ORGANIZATION:								
	igned, agree to Stockton Fee S					equest at the rate	listed for that service	
		SIGNATURE						
AFFECTED A	ADDRESS (IF AI	NY):						
INFORMATIO	ON REQUESTED	(PLEA	SE BE SPECIF	IC):				
REASON FO	R REQUEST:							
FOR THE USE O	OF CITY ATTORNEY	"S OFFIC	E ONLY					
REQUEST FO	OR RELEASE O	F INFO	RMATION IS:	APP	ROVED	DENIED		
DATE		-	SIGNATURE	OF CITY	ATTORNEY OR AU	THORIZED REPRESE	NTATIVE	
FOR CITY USE (
RECEIVED BY:					DATE RECEIVED:			
RETURN THI	S REQUEST FO	ORM TO):					
DECDONCE :	TO DEQUEET.		NAM		DE	PARTMENT	PHONE	
	TO REQUEST:_				OUADOEO	FFFO DUE: VEO		
<u>SERVICE</u>	<u>FEE</u>	Х	QUANTITY	=	<u>CHARGES</u>	FEES DUE: YES	NO	
Copies			First page		\$1.00	NOTES:		
Each page	<u>\$.10 per page</u>	X		=		-		
Documents Certificates		X X		=		-	•	
Media		х		=				
			Total	Due \$				
COMPLETED B	Y:					DATE:		