



City Clerk's Office  
420 South Imperial Ave  
Imperial, CA 92251

Date Received: \_\_\_\_\_  
Due Date: \_\_\_\_\_  
Date Completed: \_\_\_\_\_  
PRA Request No. \_\_\_\_\_

(City Clerk's Date Stamp)

## CITY OF IMPERIAL REQUEST FOR PUBLIC RECORDS

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

### REQUESTORS INFORMATION

DATE: \_\_\_\_\_  
PRINT FULL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP CODE: \_\_\_\_\_  
COMPANY NAME (IF APPLICABLE): \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### 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.)

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REQUESTOR'S SIGNATURE

**COST OF COPIES: Subject to Master Fee Schedule**

**SUBMIT REQUESTS via email: [cityclerk@cityofimperial.org](mailto:cityclerk@cityofimperial.org), Fax: (760) 457-7088  
Mail: City Clerk, 420 South Imperial Ave, Imperial, CA 92251**