CITY OF SONORA
Public Records Request Form

Submit Request To:

City Clerk's Office
City of Sonora
94 N. Washington Street
Sonora, CA 95370

Phone: (209) 588-8946
Fax: (209) 532-2738
Email: nmccutchen@sonoraca.com

Request Information

Date of Request: _____

Requestor Contact Information

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Preferred Method of Contact: ☐ Email ☐ Phone ☐ Mail

Records Requested

Please describe the records requested (include date range, subject matter, department, etc.):

_____
_____
_____

☐ Inspect records in person
☐ Receive copies

Preferred format: ☐ Electronic ☐ Paper ☐ Other: _____

Fees

Standard duplication fees may apply in accordance with California Government Code § 6253. You will be notified in advance of any costs.

Important Information

The City will respond within 10 calendar days. In unusual circumstances, this period may be extended by up to 14 additional days. Disclosable records will be made available promptly thereafter.

The City is not required to create new records, conduct legal research, or provide exempt records.

For City Use Only

Date Received: _____
Department(s): _____
Request Number: _____
☐ Approved ☐ Denied ☐ Partial
Date of Response: _____

Notes:
_____