# City of San Gabriel

## Request for Public Records

Please list each document, file, or record separately.

I wish to ( ) Review ( ) Obtain Copies

Of the following public records:

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I/We, the undersigned, request documents as indicated above. If copies are received, I agree to pay the City of San Gabriel for copies at the rate of no less than $0.10 (ten cents) per page for documents requested pursuant to the California Public Records Act Government Code 6250 – 6276.48

Signature: _____

Name/Organization: _____

Mailing Address: _____

_____

E-Mail Address: _____

Phone Number: _____ Fax Number: _____

City Hall* 425 S. Mission Drive, San Gabriel, CA 91776 * Phone (626) 308-2800 Fax (626) 458-2830

Office Hours 8:00 a.m. to 5:00 p.m. Monday –Friday and Tuesdays 8:00 a.m.-6:30 p.m.