

CITY OF LEMON GROVE REQUEST FOR PUBLIC RECORDS

Official Date Stamp
Received by:

Specific Description of Document(s)	# of Copie
l agree to pay the City of Lemon Grove .20 cents per pa of copies.	age, or applicable charge, at the time of receipt
Name/Organization:	
Address:	
E-Mail Address:	
Telephone:	
Signature:	
City Personnel Use Only:	
Requested via: Counter Telephone Fax	☐ E-Mail ☐ Mail
Request: Inspect File Copies Data research	□ Other
Request routed to:	
Date completed:	
	A management of the control of
Assisted by:	Amount due: \$