

**Community Development Permit Center**  
 City Hall • 425 N. El Dorado Street • Stockton, CA 95202-1977  
 Fax (209) 937-8893

Information/Copies/Research Request

**NOTICE:** Requests for information may be subject to approval by the City Attorney

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Received by: \_\_\_\_\_

I agree to pay for research and all copies made at my request.

\_\_\_\_\_  
Signature

Affected Address (if any): \_\_\_\_\_

Information requested: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for request: \_\_\_\_\_

\_\_\_\_\_

To be completed by City Attorney:

Approved: \_\_\_\_\_ City Attorney

Denied: \_\_\_\_\_

Date: \_\_\_\_\_

Comments: \_\_\_\_\_

Department: \_\_\_\_\_ Return to: \_\_\_\_\_

Response to Request: \_\_\_\_\_

	<u>Fee</u>	<u>Quantity</u>	<u>Charges</u>
Copies (b&w):	<u>\$1.00 first page</u>	_____	_____
Additional page	<u>\$0.25 per page</u>	_____	_____
Copies (color):	<u>\$0.60 each page</u>	_____	_____
Certifications:	_____	_____	_____
Research time:	_____	_____	_____
		Total Amount:	_____

Bill  Yes  No

Completed by \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_