

CITY OF FRESNO



**Office of the City Clerk
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PUBLIC RECORDS REQUEST FORM

Name _____

Address _____

City, State, Zip _____

Telephone _____ Fax _____

Date Requested _____

**Description of Document(s)
Please be Specific**

Requests will be filled as soon as possible, but **no later than 10 days of the request**, unless the response time is extended by the City's written notification to you. If for any reason we are unable to provide the information or the information requested is not available, you will also be notified in writing. (See Government Code Section 6253).