



**CITY OF GLENDALE
REQUEST FOR PUBLIC RECORDS**

I wish to review/obtain (circle one) _____ (#) copies of the following public records:

1. _____

2. _____

NAME: _____

ADDRESS: _____
(include zip code)

TELEPHONE: _____

EMAIL: _____

DATE: _____, 20_____

Requests for City documents must be made to the City Clerk. There is a \$0.10 per page charge for copies of most public documents.

Disposition of Request

_____ Documents Reviewed Immediately _____ Request Forwarded

Document(s) Due Date _____

Hours of Operation:
Monday thru Thursday 7:30 a.m. – 5:30 p.m., Friday 8:00 a.m. – 5:00 p.m.

CITY CLERK'S OFFICE
613 E. Broadway Ave., RM 110, Glendale CA 91206-4393
(818) 548-2090 office
(818) 241-5386 fax