

**Planning Division  
Public Records Act - Research Request Form**

**Your Contact Information**

Name of Requestor: \_\_\_\_\_  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Planning File Information**

*Contact Planning Division directly to schedule a viewing appointment.*

Planning Project File #: \_\_\_\_\_  
 \_\_\_\_\_

Project Location/Address: \_\_\_\_\_  
 \_\_\_\_\_

**File Copies**

*Check appropriate boxes below. Fees apply for print or digital copies per file. Note: Some plans may not be available for copy without written permission from the architect, engineer, or designer.*

- Planning Commission, Director Hearing, or Planning Manager Staff Report.
- Planning Commission Resolutions (Conditions of Approval).
- City Council Resolutions/Ordinances: \_\_\_\_\_
- Planning Commission Minutes (Specify hearing date): \_\_\_\_\_
- Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*\* For Office Staff Use Only \*\*\***

Fill out ALL information below

Viewing Appointment Date: _____ Time: _____		
Number of files x \$1.25: _____	Date Received _____	Notes: _____ _____ _____ _____ _____
Number of Pages: _____	Received by: _____	
Page Fee ( x \$ .25) _____		
Postage Fee: _____	Date Completed _____	
Total Charge: _____	Completed by _____	