



Office of the City Clerk

Rose Chaparro, City Clerk
300 West Third Street, 4th Floor
Oxnard, CA 93030
(805) 385-7803
cityclerk@oxnard.org

REQUEST TO EXAMINE/COPY PUBLIC RECORDS

Date: _____ **Name:** _____

Address: _____

Telephone No. _____ **Email:** _____

Requesting:

- | | |
|---|--|
| <input type="checkbox"/> Electronic Copy (No Charge) | <input type="checkbox"/> Examine a Record/File |
| <input type="checkbox"/> Paper Copy (\$1.25 plus \$.25/page) | <input type="checkbox"/> Certified Copy of Document (\$12.00 each) |
| <input type="checkbox"/> DVD Copy of Council Meeting (\$5.00) | |

Information Requested: *(Please be specific - include dates, times, locations, etc.)*

YOUR REQUEST WILL BE PROCESSED IN COMPLIANCE WITH THE PUBLIC RECORDS ACT. Pursuant to California Government Code Section 6256, the City of Oxnard shall respond to you within ten days of receipt of this completed form advising you of the status. Please note, copy fees must be paid prior to the receiving the documents. You will be contacted when your information is ready.

Please submit completed form to: **Office of the City Clerk, 300 W. Third St., 4th Floor, Oxnard, CA 93030, or email to cityclerk@oxnard.org**
