



**Document Request Form**  
**City of Hercules**  
**Office of the Administrative Services Director/City Clerk**

CPRA #

Date Received	Date Completed/Notification Given	Date Picked-Up, Mailed, or Faxed
Initials:	Initials:	Initials:
Request Received	Request Completed/ Notification Given	Request Picked-Up/ Mailed/Faxed
<input type="checkbox"/> Walk-In <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail <input type="checkbox"/> Other <input type="checkbox"/> Phone/Fax	<input type="checkbox"/> Immediate Request <input type="checkbox"/> 1 Day <input type="checkbox"/> Within 3 days <input type="checkbox"/> More than 3 days <input type="checkbox"/> Additional Time More than 10 days	<input type="checkbox"/> Picked-Up <input type="checkbox"/> E-Mail <input type="checkbox"/> Mailed <input type="checkbox"/> Other <input type="checkbox"/> Faxed

**To Be Completed by the Requester**

Date:

Name of Requester: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address \_\_\_\_\_ Fax: \_\_\_\_\_

Agency/Company: \_\_\_\_\_

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

**Requested Documents/Information** (Please be as specific as possible)

Resolution or Ordinance Number if applicable: \_\_\_\_\_

Resolution/Ordinance/Report – Title/Key Words or Description of Record being requested:

\_\_\_\_\_

\_\_\_\_\_

Meeting Dates: \_\_\_\_\_

Agenda Item: \_\_\_\_\_

\_\_\_\_\_

Committee/Council Meeting(s): \_\_\_\_\_ Meeting Dates: \_\_\_\_\_

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Number of Copies \_\_\_\_\_ X \$0.25 per page \_\_\_\_\_ Time Spent on Research \_\_\_\_\_

Copy Charges \$ \_\_\_\_\_ (number of pages X \$0.25 per page)

Total for Items Requested \$ \_\_\_\_\_ Description \_\_\_\_\_

Total Money Collected \$ \_\_\_\_\_ Cash / Check / Money Order      Cash Receipt #: \_\_\_\_\_

Cashier's Initial \_\_\_\_\_ Date \_\_\_\_\_

Provided to Customer \_\_\_\_\_ Date \_\_\_\_\_