



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: _____

For Office Use Only

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 _____