



Glendale City Clerk & Election Services

REQUEST FOR PUBLIC RECORDS

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

- 1. _____

- 2. _____

PERSONAL INFORMATION:

NAME: _____ TELEPHONE NO.:() _____

ADDRESS: _____ ZIP CODE: _____

E-MAIL: _____

DATE SUBMITTED: _____, 20_____

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

You can also submit a Public Record Request thru www.Glendaleca.gov

Disposition of Request

____ Documents Reviewed Immediately ____ Request Forwarded Document(s) Due Date _____

Hours of Operation:

Monday through 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 Avenue RM 110, Glendale CA 91206-4393
Office: (818) 548-2090
Fax: (818) 241-5386