



Document Request Form
City of Hercules
Office of the 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	<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: _____

Title/Key Words or Description of Record being requested:(include beginning & ending date of period requested)

Beginning Date of Period Requested: _____ Ending Date of Period Requested: _____

For Office Use Only

Number of Copies _____ X \$0.28 per page _____ Time Spent on Research _____

Copy Charges \$ _____ (number of pages X \$0.28 per page)

Total for Items Requested \$ _____ Description _____

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

Cashier's Initial _____ Date _____

Provided to Customer _____ Date _____