## PLEASE USE ONE FORM FOR EACH PUBLIC RECORDS REQUEST

MailTo: Robin Stieler

**Clerk of the Board of Supervisors** 

333 W. Santa Ana Blvd., Ste 465 Santa Ana, CA 92701 Tel: 714.834.2206

DATE			

DESCRIBE DOCUMENT(S)	REQUESTED		(SPACE ABOVE FOR COB USE ONLY)
Public Records Requested: Please be Specific			
Time frame of Request:			
Meeting Date(s):			
Agenda Item Number(s):			
Resolution Number(s):			
Ordinance Number(s):			
Additional Attachments/ Comments That Will Help Identify Your Records Requested:			
		IAVE RESPONSIVE DOCUMENTS, I	AN EXTENTION OF 14 DAYS MAY BE
	HE PUBLIC RECORDS REQUEST  5 PER PAGE AND APPLICABLE POSTAGE	GE	
THERE IS A CHARGE OF \$0.15	TENTAGEAND ATTECABLET OSTA	JL	
I WOULD LIKE TO REVI	EW RECORDS PRIOR TO RECEIVING	COPIES	
O NO REVIEW IS REQUIRE	ED, PLEASE FORWARD ALL RESPON	SIVE DOCUMENTS BY(CHOOSE ONE	METHOD OF DELIVERY FOR DOCUMENTS):
	○ PICK UP	○ MAIL	
	IN AN AMOUNT NOT TO EXCEED (DOLLA	R AMOUNT):	
NAME OF REQUESTOR:			
ADDRESS OF REQUESTOR:			
COMPANY:			
PHONE NUMBER:		FAX NUMBER:	
FMAIL ADDRESS:			