



**CITY OF STOCKTON
INFORMATION / COPIES / RESEARCH REQUEST**
Notice: Requests for information may be subject to approval by the City Attorney



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ORGANIZATION: _____ TELEPHONE: _____

ADDRESS: _____

I, the undersigned, agree to pay for research and all copies made at my request at the rate listed for that service in the City of Stockton Fee Schedule at the time of my request.

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INFORMATION REQUESTED (PLEASE BE SPECIFIC):

REASON FOR REQUEST: _____

FOR THE USE OF CITY ATTORNEY'S OFFICE ONLY

REQUEST FOR RELEASE OF INFORMATION IS: APPROVED _____ DENIED _____

DATE

SIGNATURE OF CITY ATTORNEY OR AUTHORIZED REPRESENTATIVE

COMMENTS: _____

FOR CITY USE ONLY

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RESPONSE TO REQUEST: _____

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