

City of Albany

Request for Public Records

Name of Person Requesting Record: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Email Address: _____

List Record(s) Being Requested: _____

Preferred records delivery format: (check one only)

- ☐ Electronic (via email)
☐ Hard Copy – Pick up in-person
☐ Hard Copy – Mailed

Requestor Signature: _____ Date of Request: _____

Per Government Code Section 7922 - 7931, the City of Albany has ten (10) days from date request is received to provide a response to the request.

The cost for copying public records is per the City Master Fee Schedule:

<https://www.albanymca.gov/Departments/Finance/Master-Fee-Schedule>

For Office Use

Date Received: _____

Date Record Released: _____ Released By: _____

Notes: _____
