"Except with respect to public records exempt from disclosure by express provisions of law, each state or local agency, upon a request for a copy of records that reasonably describes an identifiable record or records, shall make the records promptly available to any person upon payment of fees covering direct costs of duplication, or a statutory fee if applicable." (G.C. §6253(b)).

"Each agency, upon a request for a copy of records, shall, within 10 days from receipt of the request, determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the agency and shall promptly notify the person making the request of the determination and the reasons therefor." (G.C. §6253(c)).

NOTE: This form is not required for requests for copies of Statements of Economic Interest (G.C. §91008) or Campaign Statements.

Form may be faxed to: 760-961-6241; emailed to: records@applevalley.org; or mailed to: Town of Apple Valley, Town Clerk’s Office 14955 Dale Evans Parkway, Apple Valley CA 92307

Request for a copy of public records as thoroughly identified below:

Date: ____________________________
Name: ____________________________
Address: ____________________________
Phone: ____________________________
Email: ____________________________

Copying Fees:
(Per Resolution Number 2013-29)
1) Copying from 8 1/2" x 11 or 8 1/2" x 14"
   Each Page ................................................................. $0.20 (B/W)
   Each Page ................................................................. $0.30 (Color)
   Copying from 11'' x 17'' ........................................... $0.50

2) Copying to USB Drive ............................................ $6.00

( ) Copies to be mailed to requestor
( ) Copies to be emailed to requestor*
( ) Copies to be picked up by requestor

MAKE CHECKS PAYABLE TO "TOWN OF APPLE VALLEY"

To be completed by Town Clerk's Office:

Number and size of copies and/or media: ____________________________
Deposit/Fee Received: ____________________________ Actual Cost: ____________________________
(Account Code 1001-0000-6112-0000) Balance Due/Refund: ____________________________
Mailed by/Date: ____________________________ or Picked up by/Date: ____________________________

*Due to size, email may not be available. Requestor will be contacted.