



# Public Record Request Form

## REQUESTOR INFORMATION

*Please print legibly or type:*

DATE OF REQUEST	
NAME	
ADDRESS	
PHONE #	
FAX #	
EMAIL	

## REQUESTED DOCUMENTS

*Please be as specific as possible & be sure to include any supporting information for what you are requesting.*

**Once the form is completed, you can either:**

**Email:** [soverbay@smcgov.org](mailto:soverbay@smcgov.org) **or Fax:** 650-573-2576

<b>FOR COUNTY USE ONLY:</b>
<i>Date Received:</i>
<i>Initials:</i>

