



City of Mission Viejo Public Records Request

Number: _____

Requestor Name: _____ Date: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
E-Mail Address: _____ Phone: _____

DESCRIPTION OF RECORDS REQUESTED: Please be as specific as possible.

I wish to: Review original documents Obtain copies (a copy fee may apply)

The California Public Records Act (Government Code Section 6250 et seq.) provides citizens with important rights to obtain access to records held by public agencies, and the City of Mission Viejo responds to requests in accordance with these terms. This request form may be mailed, emailed, or submitted in person at City Hall. More information and an online version of this form are available through the City Clerk page at www.cityofmissionviejo.org.

Office Hours 8:00 a.m. to 5:00 p.m.
200 Civic Center, Mission Viejo, CA 92691 · (949) 470-3052 · cityclerk@cityofmissionviejo.org

DESCRIPTION OF RECORDS REQUESTED (continued, if necessary)

FOR INTERNAL USE ONLY

	Approval	Denial	Reason, if Denied:
City Manager:	_____	_____	_____
City Attorney:	_____	_____	_____
City Clerk:	_____	_____	_____

Document/response provided on (date) _____ by:

Mail Counter E-mail Fax Phone Other _____

Comments:

Staff Member(s): _____ Staff Time: _____

Office Hours 8:00 a.m. to 5:00 p.m.

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