

INFORMATION REQUEST
CITY OF WALNUT
OFFICE OF THE CITY CLERK
21201 La Puente Road, Walnut, CA 91789
Phone: (909)348-0710 Fax: 909-595-8443

Date: _____

Name: _____ Email: _____

Mailing Address: _____

Phone: _____ FAX: _____

How Would You Like to Get Your Information? Email Fax Mail Pick-Up

INFORMATION BEING REQUESTED: (Please be specific)

PLEASE NOTE: Our response time to your request is dependent upon the current work load in the City Clerk's Office. Our goal is to retrieve the information as quickly as possible. However, it is not always possible to provide the information immediately. The maximum time would be ten (10) working days unless there is some unforeseen difficulty with your request. The City may refuse to disclose records which are exempt from disclosure under the Public Records Act (Government Code §6254-6255). We thank you for your cooperation and understanding.

Date information provided: _____ By: _____
Name/Department

Mail ___ Pick-up ___ FAX _____

Number of Pages: _____

Cost: _____

FOR OFFICE USE ONLY