

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: _____

Mailing Address: _____

Phone: _____ FAX: _____

How Would You Like to Get Your Information? Mail FAX 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: _____

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