



## Application for Copies of Public Records

## REQUESTOR INFORMATION

**Requestor Name:** \_\_\_\_\_ **Business:** \_\_\_\_\_

**Phone:** ( ) - **Email:**

**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## SITE INFORMATION

**Business Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Information Requested:** \_\_\_\_\_

[illegible]

## INSTRUCTIONS

- Copying of documents is allowed with the exception of maps and drawings. Copies will be charged at a rate of 10 cents per page printed.
- Fees can be paid by credit card, check or cash (exact change only).
- Completed applications can be emailed to [publicrecords@sccfd.org](mailto:publicrecords@sccfd.org).

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_