



# Ione Police Department

1 E. Main Street / P.O. Box 398  
Ione, CA 95640

## Public Records Request Form

This form is not required but helps the Department more efficiently and effectively respond to and track the request

Date form is being completed: \_\_\_\_\_

### To be Completed by Requestor

Name of Requestor: \_\_\_\_\_

Agency/Company \_\_\_\_\_

Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Requested Documents

(please be specific as possible [list dates, times, case numbers, involved parties names, etc...])

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate how you would like to be notified of the status or receive your documents (circle one)

Mail

Phone

Fax

E-Mail

Pick up

\*\*\* Please be aware that. Per CA. Government Code Sections 6250 et al., the Ione Police Department/City of Ione shall **respond** to your public records request within 10 days upon receipt of the inquiry. However, we will make every effort to provide you with the requested information asap. \*\*\*

### FOR INTERNAL USE ONLY

Request Received	Request Completed (Notification Given of Record Availability)	Request Picked-Up/Mailed/Faxed
Date Due: _____ Staff Initials: _____	Date: _____ Staff Initials: _____	Staff Initials: _____
How Request Was Received	Notification	Completion
<input type="checkbox"/> Walk-in <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other	Assigned to: _____ 1st Response: _____ 2nd Response: _____	<input type="checkbox"/> Pick-Up <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Other