



# City of Anaheim

Office of the City Clerk

200 S. Anaheim Blvd., Suite 217  
Anaheim, CA 92805  
(714) 765 5166 • fax (714) 765 4105  
www.anaheim.net

## Request for Public Records

STEP 1: **COMPLETE** all fields on this form. This form is to facilitate and expedite the processing of your public records request. Describe identifiable records in the possession of the City; your request must be sufficiently focused and specific to allow the City to locate the requested record(s).

STEP 2: **SUBMIT** completed form by mail, fax, email or in person to Custodian of Records, Office of the City Clerk, 200 S. Anaheim Blvd. (714) 765-5166; [landal@anaheim.net](mailto:landal@anaheim.net); fax: (714) 765-4105

STEP 3: **WAIT** to receive an invoice for responsive records. The City shall determine within 10-days from receipt of a public records request, whether the request, in whole or in part, seeks copies of discloseable public records in possession of the City [GC 6253(c)]. Please note that if you are requesting the opportunity to inspect records, you will be requested to make an appointment to return at a later date/time to view the documents.

Charges for the direct cost of duplication will apply. **Documents will not be copied until payment has been received.** If payment is not received within 10 days after invoice is sent, you may be required to submit a new request. Please see backside for additional information.

### REQUESTER INFORMATION

Full Name: Aaron Sundstrom Date: 11/21/18 11:04 AM

Company Name: Doctor's Ambulance Service

(Mailing) Address: \_\_\_\_\_ City/State/Zip Code: 92653

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact in the event of questions:

*Phone number*

### DESCRIPTION OF REQUESTED RECORD(S): (Describe the specific public record(s) e.g., date, type, time period covering documents requested etc)

*I am kindly requesting any and all documents, submissions or contracts related to Emergency Ambulance Services with the city of Anaheim from the last request for proposal. Care Ambulance is the cities current provider.*

I understand that I will be contacted once documents have been identified. If production of records is requested, an estimated cost will be provided to me and I agree that I will be required to submit payment for duplication costs (and mailing) prior to the production of the requested documents.

I wish to inspect City records

Will Pick-Up Records

Please Mail

*Electronically Signed/Submitted 11/21/18 11:04 AM*

**SIGNATURE OF REQUESTER**