

CITY OF STOCKTON
POLICE DEPARTMENT/NEIGHBORHOOD SERVICES SECTION
INFORMATION / COPIES / RESEARCH REQUEST

Notice: Requests for information may be subject to approval by the City Attorney

Black & White: \$0.10/Page & Color \$0.60/Page

FAX 209-937-7264 Email: NSS@stocktonca.gov

NAME: _____ DATE: _____

ADDRESS: _____ PHONE: _____
REQUEST RECEIVED BY: _____

I agree to pay for research and all copies made at my request.

(signature)

AFFECTED ADDRESS (if any): _____

INFORMATION REQUESTED: _____

REASON FOR REQUEST: _____

EMAIL : FAX: MAIL to above

To be completed by City Attorney:

APPROVED: _____ City Attorney

DENIED: _____

DATE: _____

COMMENTS: _____

DEPARTMENT: _____ PD/NSS RETURN TO: _____

RESPONSE TO REQUEST: _____

	<u>Quantity</u>	<u>Charges</u>
DOCUMENTS:	_____	_____
CERTIFICATIONS:	_____	_____
AUDIO \$5.00 each	_____	_____
RESEARCH TIME:	_____	_____
TOTAL AMOUNT:	_____	_____

Scan by NSS