



**CITY OF CAPITOLA**  
 Office of the City Clerk  
 420 Capitola Avenue  
 Capitola, CA 95010  
 (831) 475-7300

**PUBLIC RECORDS ACT (PRA) REQUEST FORM**

**This form is to be submitted to the City Clerk's office.  
 Please email completed forms to:**

[jgautho@ci.capitola.ca.us](mailto:jgautho@ci.capitola.ca.us)

If you wish to request any public records, please write in the space below, the name of the document or documents requested.

Please be aware that under California Government Code Sections 6250 et seq, the City has ten (10) days after you submit this form to determine whether the record(s) you have requested is subject to disclosure under the Public Records Act. In certain circumstances, including requests for unusually voluminous records, the City may inform you that it may take up to fourteen (14) additional days to consider your request.

After the City has determined whether the record(s) requested is subject to disclosure, you will be notified of the determination and the reasons, therefore. If the City determines that the documents you have requested are subject to disclosure, they will be produced within a reasonable time thereafter.

Please Note: Most records are available in PDF form and can be emailed for no charge. The copy charge for records requested is 25 cents per page. If records must be mailed, you will be charged for postage, and you will be informed of any applicable charges when the records are available to be picked up or mailed. The records will be released to you upon the receipt of payment.

**DESCRIPTION OF THE REQUESTED RECORD(S):**

---

---

---

---

---

---

---

---

---

---

\_\_\_\_\_ Date

**Print Name:** \_\_\_\_\_

**Address, (if request is to be mailed)** \_\_\_\_\_

**Phone:** \_\_\_\_\_

EMAIL OK? \_\_\_\_\_

**Email:** \_\_\_\_\_