

RESEARCH REQUEST FORM - CITY OF OAKLAND - OFFICE OF THE CITY CLERK

(Official Date Stamp)	(Official Date Stamp)	(Official Date Stamp)
Clerks Initials:	Clerks Initials:	Clerks Initials:
Request Received	Request Completed/ Notification Given	Request Picked-up/ Mailed/Faxed
<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Fax <input type="checkbox"/> Other _____	<input type="checkbox"/> Immediate Request <input type="checkbox"/> 1 Day Request <input type="checkbox"/> Within 3 days <input type="checkbox"/> Greater than 3 days	<input type="checkbox"/> Picked-up <input type="checkbox"/> Mailed <input type="checkbox"/> Faxed <input type="checkbox"/> Other _____

To Be Completed by the Requester Date:

Name of Requester: Phone: _____
 Fax: _____

Agency/Company: _____

Address: _____

How do you want to receive this document? Hardcopy Email _____

Requested Documents/Information (Please be as specific as possible)

Resolution Number: _____ Ordinance Number: _____

Resolution/Ordinance/Report - Title/Key Words: _____

_____ Meeting Date(s): _____

Agenda Item: _____

_____ Meeting Date(s): _____

Committee/Council Meeting(s): _____ Meeting Date(s): _____

For Office Use Only

Number of Copies: _____ X price per page: _____ Time Spent on Research _____

Copy Charges \$ _____ (number of pages x price per page)

Total for Items Sold \$ _____ Description: _____

Total Money Collected: Cash / Check / Money Order **Cash Receipt #:** _____

Cashier's Initial: _____ **Date:** _____

Received by Customer: _____ **Date:** _____

Please use a separate form for each request! Fax number 510-238-2228.