## **City of Brawley**



## REQUEST TO INSPECT OR COPY PUBLIC RECORDS

DATE OF REQU	JEST	
NAME OF BEOL	JESTING PARTY	
NAME OF REQU	JESTING PARTY	
CONTACT PHO	NE NUMBER	
MAILING ADDR	ESS:	
RECORDS REQ	UESTED:	
comply with the circumstances readove will be no	vernment code Section 6253 the is request within ten (10) da equiring a longer period of time of the determination by many fee for Fire and Police Repor	ys unless there are unusual e. The Requesting party listed ail to the address listed above.
PLEASE INDICA	TE WHOM YOU REPRESENT:	
Victim	Insurance Company	Investigation Company
FOR OFFICE USE Of Date received:	ONLY:	
<u> </u>		
City Attorney review	<u>.                                    </u>	