



(209) 937-7900 / FAX (209) 937-7115

INFORMATION/COPIES REQUEST

NOTICE: Requests for copies may be subject to approval by the SJAFCA Attorney

REQUEST DATE: _____ REQUEST RECEIVED BY: _____

NAME: _____ ADDRESS: _____

EMAIL: _____ PHONE: _____ FAX: _____

SIGNED: _____

(I agree to pay for all copies made at my request. See City Fee Schedule for current rates.)

INFORMATION REQUESTED

REASON FOR REQUEST (OPTIONAL)

TO BE COMPLETED BY SJAFCA ATTORNEY

APPROVED DENIED

COMMENTS

SJAFCA ATTORNEY SIGNATURE: _____ DATE: _____

	QUANTITY	CHARGES
SJAFCA DOCUMENTS	_____	_____
POSTAGE/HANDLING	_____	_____
TOTAL AMOUNT	_____	_____

COMPLETED BY: _____ DATE: _____

REMIT TO: SJAFCA, 22 E. Weber Avenue, Room 301, Stockton, CA 95202