

CITY & COUNTY OF SAN FRANCISCO

ASSESSMENT APPEALS BOARD

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PUBLIC RECORDS INFORMATION REQUEST FORM

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____

Telephone No: () _____ Fax: _____

INFORMATION REQUESTED:

SUBJECT: _____

FILE NO. _____ PROPERTY ADDRESS: _____

BLOCK NO. _____ LOT NO. _____ ASSESSMENT NO. _____

- *I want to see the file. (note: original file must be inspected on-site; files cannot leave the premises)
- I want copies of certain pages in the file that I have marked (____ total pages)
- I want the entire file copied. (note: please allow up to 10 days for copying)
- I will pick up the information on Date: _____ Time: _____
- I want the information mailed to the address above.
- If less than 10 pages, please fax the information to the number shown above.

* If request is for an off-site file, please allow 24 hours for the Assessment Appeals Board to obtain the file in question.

The cost for copies is \$0.10 cents per page plus postage, except for mass-produced documents. Checks should be made payable to: "City and County of San Francisco". Certified copies are an additional \$1.75 per document. (Admin. Code Section 8.37)

FOR OFFICE USE ONLY:

Total Research Time: _____

Date Completed: _____ By: _____

Name