



CITY OF VICTORVILLE
PUBLIC RECORDS REQUEST FORM*
(Government Code Sec. 6253.b)

Two Pages – Please Fill Out and Submit Both Pages for all Planning Documents

COV Employee Use Only:

Received by COV: _____

NOTE: Animal Control records require verification of ID ID Check _____ (Emp Initials)

I WOULD LIKE COPIES OF THE FOLLOWING RECORDS:

REQUESTOR (This information must be filled out)

Name _____ Date _____

Address _____

E-mail Address _____

Phone _____ Fax No. _____

Copies to be: [] Picked up @ City Hall 14343 Civic [] Mailed [] Fax [] E-mail

(Government Code Sec. 6253.b)

"Except with respect to public records exempt from disclosure by express provisions of law, each State or local agency, upon a request for a copy of records that reasonably describes an identifiable record or records, shall make the records promptly available to any person upon payment of fees covering direct costs of duplication or a statutory fee if applicable. Upon request, an exact copy shall be provided unless impracticable to do so."

*Note: This form is not required for requests of copies of Statements of Economic Interest or Campaign Statements (Government Code Sec. 81008)

To be completed by Records:

Table with 3 columns: Estimated No. of Pages, Actual cost, and Account #2800. Rows include Estimated Cost, Postage (if mailed), and Total Cost.

Date Promised: _____

Date Mailed/Picked Up: _____

Mailed By: _____

Picked Up By: _____

Two Pages – Please Fill Out and Submit Both pages for all Planning Documents

14343 CIVIC DRIVE * P.O. Box 5001 * VICTORVILLE, CA 92393-5001
(760) 955-2807 PHONE * (760) 269-0009 FAX * records@victorvilleca.gov



**City of Victorville
Development Department
Planning ♦ Building ♦ Code Enforcement
REQUEST FOR PUBLIC RECORDS**

**Direct Public Records
Requests to:
Records at:
14343 Civic Drive
P.O. Box 5001
Victorville, CA 92393
(760) 269-0009 FAX
records@victorvilleca.gov**

Address of Requested Information: _____

Type of Information Requested:

- Permit Number: _____ Certificate of Occupancy
- Plot/Grading Plan (septic tank location, property line, etc.) Plans - Please read and sign the following affidavit
- Other (please specify): _____

AFFIDAVIT AND REQUEST FOR DUPLICATION OF PLANS MAINTAINED BY
THE CITY OF VICTORVILLE DEPARTMENT OF DEVELOPMENT

The undersigned declares and states:

1. That he or she has been provided with a copy of CA Health and Safety Code § 19851;
2. That in requesting a copy of any plans maintained by the Department of Development of the City of Victorville, the copy of the plans shall be used only for the maintenance, operation and use of the building;
3. That drawings are instruments of professional services and are incomplete without the interpretation of the certified, licensed or registered professional of record;
4. That subdivision (a) of Section 5536.25 of the Business and Professions Code states that a licensed architect who signs plans, specifications, reports or documents shall not be responsible for damage caused by subsequent changes to, or use of, those plans, specifications, reports or documents where the subsequent changes or uses, including changes or uses made by state or local governmental agencies, are not authorized or approved by the licensed architect who originally signed the plans, specifications, reports or documents, provided that the architectural service rendered by the architect who signed the plans, specifications, reports or documents was not also a proximate cause of the damage;
5. The request by the Department of Development to a licensed, registered or certified professional may be made by the Department of Development sending a registered letter to the licensed, registered or certified professional requesting his or her permission to duplicate the official copy of the plans and sending with the registered letter, a copy of the affidavit furnished by the Department of Development which has been completed and signed by the person requesting to duplicate the official copy of the plans. The registered letters shall be sent by the Department of Development to the most recent address of the licensed, registered or certified professional available from the California State Board of Architectural Examiners;
6. The governing body of the city or county may establish a fee to be paid by any person who requests the Department of Development of the city or county to duplicate the official copy of any plans pursuant to this section, in an amount which it determines is reasonably necessary to cover the costs of the Department of Development pursuant to this section;
7. The certified, licensed or registered professional's refusal to permit the duplication of the plans is unreasonable if, upon request from the Department of Development, the professional does either of the following:
 - a. Fails to respond to the local Department of Development within 30 days of the receipt by the professional of the request. However, if the Department of Development determines that professional is unavailable to respond within 30 days of receipt of the request due to serious illness, travel or other extenuating circumstances, the time period shall be extended by the Department of Development to allow the professional adequate time to respond, as determined to be appropriate to the individual circumstances, but not to exceed 60 days.
 - b. Refuses to give his or her permission for the duplication of the plans after receiving the signed affidavit and registered letter specified above.

The undersigned acknowledges by his or her signature that he or she has read and understands the provisions of CA Health and Safety Code § 19851, as well as this affidavit, and that this affidavit is executed under penalty of perjury under the laws of the State of California.

Name (please print)

Signature

Banks, other financial institutions, and public utilities are not on file with the City of Victorville per CA Health and Safety Code Chapter 10 § 19853

OFFICE USE ONLY

Letter to Property Owner _____	Property Owner _____
Letter to Architect/Engineer _____	Architect/Engineer Approvals _____
Letter to Architect/Engineer _____	Request Completed _____