



EXHIBIT A
UPDATED 7/1/2014

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: (Please be as specific as you can)

REQUESTOR Contact Information

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:

Estimated No. of Pages _____	Actual cost _____	Account #2800
Estimated Cost _____ (8.5 x 11 & 8.5 x 14)	Postage (if mailed) _____	
\$1.00 1 st page/ \$0.25 thereafter (11 x 17)	Total Cost _____	
\$1.00 1 st page/ \$0.30 thereafter		

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 * Lstevens@victorvilleca.gov Email



City of Victorville Development Department

Planning ♦ Building ♦ Code Enforcement ♦ Business License

14343 Civic Drive
PO Box 5001
Victorville, CA 92393-5001
(760) 955-2807
Fax (760) 269-0009
Istevens@victorvilleca.gov

Request for Public Records (Supplemental Form)

Address of Requested Information: _____

Type of Information Requested:

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

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

The undersigned declares and states:

1. That he or she has been provided with a copy of California Health & Safety Code Section 19851;
2. That in requesting a copy of any plans maintained by the Development Department 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;
6. The request by the Development Department to both the original or current owner of the building and a licensed, registered or certified professional may be made by the Development Department sending a registered letter to both the original or current owner of the building and to the licensed, registered or certified professional requesting permission to duplicate the official copy of the plans and sending with the registered letter(s), a copy of the affidavit furnished by the Development Department 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 Development Department to the most recent address to the original or current owner of the building available from the County of San Bernardino Assessor's office and to the most recent address of the licensed, registered or certified professional available from the California State Board of Architectural Examiners;
7. The governing body of the city or county may establish a fee to be paid by any person who requests the Development Department 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 Development Department pursuant to this section;
8. The certified, licensed or registered professional's refusal to permit the duplication of the plans is unreasonable if, upon request from the Development Department, the professional does either of the following:
 - a. Fails to respond to the local Development Department within 30 days of the receipt by the professional of the request. However, if the Development Department 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 Development Department 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 California Health & Safety Code Section 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 Approval	_____
Letter to Architect/Engineer	_____	Architect/Engineer Approval	_____
Letter to Architect/Engineer	_____	Architect/Engineer Approval	_____