



**THEFT, DESTRUCTION, FALSIFICATION  
OR REMOVAL OF ANY OF THE  
REQUESTED RECORDS IS A CRIME  
(GOVERNMENT CODE SECTION 6201)**

**MARIPOSA COUNTY  
FILE REVIEW / INFORMATION  
REQUEST**

Mariposa County Planning Department  
5100 Bullion Street ~ P.O. Box 2039  
Mariposa, CA 95338  
Telephone (209) 966-5151 FAX (209) 742-5024  
Website: [www.mariposacounty.org](http://www.mariposacounty.org)  
Email: [planning@mariposacounty.org](mailto:planning@mariposacounty.org)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

IF YOU ARE AN INVESTIGATOR, ATTORNEY OR AGENT REPRESENTING ANOTHER PERSON, PLEASE GIVE THE NAME AND ADDRESS OF THE PERSON WHO IS REQUESTING THIS INFORMATION:

\_\_\_\_\_

PURPOSE OF REVIEW: Explain why the files/information listed below are of interest. Attach additional sheets if necessary:

\_\_\_\_\_

SPECIFIC REQUEST: List the names or file numbers of the actual Planning Department files and/or documents that you wish to review. Attach additional sheets if necessary:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CONFIDENTIAL: Please note that there may be confidential items within our files that will not be provided for public review. These items include documents such as: Cultural Resource Studies, Request for Investigation Forms, Attorney Client Privileged Information and Well Logs.

COPIES: Using post it notes or flags indicate which file documents you wish copied. A copying fee will be charged based on Planning Department's fee schedule adopted by Board of Supervisors Resolution No. 2011-105. Regular copies are .30 for the first page and .20 thereafter. Assessors Plat Maps are \$1.00 per page. Higher rates may apply for color, maps and various sizes.

REASONABLE EFFORTS: All reasonable efforts will be made to obtain the information requested in a timely manner. The time to gather information will be based on the extent of the request.

PUBLIC RECORDS ACT REQUEST: If you are requesting information pursuant to The California Public Records Act (Government Code sections 6250-6270), please check this box.

I AM MAKING THIS REQUEST PURSUANT TO THE CALIFORNIA PUBLIC RECORDS ACT

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

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\_\_\_\_\_  
Signature of Requester

OFFICE USE ONLY

Request accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_