



OAKLAND HOUSING AUTHORITY

REQUEST FOR PUBLIC RECORDS

Name of Requester: _____

Phone: _____ Fax: _____ Email: _____

Agency/Company: _____

Address: _____

Requested Documents/Information: (Please be specific)

For Office Use Only

Request Received		Request Completed/Notification Given	Request Pickup-Up/Mailed/Faxed	
(Date Stamp)		(Date Stamp)	(Date Stamp)	
Received by: _____		Staff Initials: _____	Staff Initials: _____	
How Request was Received		Notification	Completion (Response)	
Walk-In	Post Mail	Notes: _____	Picked-Up	Faxed
Faxed	Emailed _____		Mailed	Emailed _____

Copies: _____ Faxes: _____

Number of Pages: _____ Number of Pages: _____ Copy Charges: _____

\$ _____