

### PUBLIC RECORDS REQUEST FORM

To expedite your request and to eliminate opportunities for error, please fill out this form completely with as much detail as possible. Please identify specifically the records you are requesting. Once this form has been received, City Hall has three (3) business days to produce said documents. You will be contacted within the three (3) business days window to make an appointment to view the documents requested. Original documents may never leave City Hall. If you need copies please indicate this request at the bottom of this form in the space provided. If you have requested copies, please allow at least 1 hour for copies to be made after payment. While there is no charge to view documents, a rate of \$1.00 per page will apply to all copies made. Documents will not be copied until payment has been received. Payments must be made in cash.

### REQUESTER INFORMATION

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

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

Preferred method of contact in the event of questions: \_\_\_\_\_

### REQUESTED RECORDS

Time period covering documents requested: \_\_\_\_\_

I wish to inspect the requested records and do not want copies produced at this time.

I would like copies of the requested records and I understand that I will be contacted with a count of the number of pages to be copied and their cost prior to copying. I understand and agree that I will be required to make payment for the copying costs prior to the documents requested being copied.

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

#### Office Use Only

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Received By: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Time Completed: \_\_\_\_\_

Completed By: \_\_\_\_\_

Requester Notified: \_\_\_\_\_