

**CITY OF LOCKPORT  
WRITTEN REQUEST FORM FOR INSPECTION  
OR COPYING OF PUBLIC RECORDS**

No. \_\_\_\_\_

(commercial)

Requester's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of Request: \_\_\_\_\_

**Describe in detail below the public records you are requesting and state whether you wish to inspect and/or copy such records or whether you would want the documents e-mailed to you. ( Legal or letter-sized documents will only be e-mailed to you if less than 50 pages.)**

---

---

---

---

**The City of Lockport will respond to the above request within twenty-one (21) working days from the above date. The response shall (i) provide the Requester an estimate of the time required by the City to provide the records requested and an estimate of the fees to be charged which the City may require the Requester to pay in full before copying the requested documents, (ii) deny the request pursuant to one or more of the exemptions set out in the Act (iii) notify the Requester that the request is unduly burdensome and extend an opportunity to the Requester to attempt to reduce the request to manageable proportions, or (iv) provide the records requested. Unless the records are exempt , the City shall comply with a request within a reasonable period considering the size and complexity of the request, and giving priority to records requested for non-commercial purposes.**

\_\_\_\_\_  
Name of Entity

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

