PUBLIC RECORDS REQUEST

NAME:
ADDRESS:
DATE:
TELEPHONE NUMBER:
FAX NUMBER:
E-MAIL ADDRESS:
RESPONSE METHOD:

REQUEST FOR PUBLIC RECORD:

_____ _____

DATE **SIGNATURE**
(must be signed before processing)

CITY ADMINISTRATOR USE ONLY:
Amount of Time to Prepare: _____
Less than 30 minutes – Receive within 4 business days
COST - Please refer to fees listed in the Master Fee Schedule
Exceed $50.00 - Notify of earliest practicable date; provide cost estimate; obtain receipt of 50% deposit
Exceed 30 minutes – Staff time will be included in cost
Elected officials exempt from fees

_____ _____

DATE RECEIVED **SIGNATURE OF DEPARTMENT HEAD**

Date completed_____

Date the requester received records _____

Total Cost: _____