



Request for Record Copy

Name: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Signature: _____

Purpose of Request: Commercial Media Related Personal Other: _____

Provide a specific description of the record(s) you are requesting copies of. Please include specific dates, times, locations, addresses, names, case numbers, etc.

Record Title/Description: _____
Number of copies: _____

Record Title/Description: _____
Number of copies: _____

Record Title/Description: _____
Number of copies: _____

Charges: A charge for providing copies of public records is authorized by State Law and has been established by the City governing body. These charges are set at a level to compensate the City for actual costs incurred in honoring your request. The fee schedule established by the City is posed in this office. A prepayment charge may be required.

To be completed by Record Custodian:

Date/Time of Request: _____ Date/Time of Completion: _____

Number of Copies: _____ Total Fees: _____

Receipt Number: _____ Date Paid: _____

Record Custodian: _____

Notes: _____