

REQUEST FOR DISCLOSURE OF PUBLIC RECORD

Date of Request: _____ Day: _____ Time: _____

Request Taken By: _____
(employee)

Requested by: _____
(name) (type of identification)

(address) (telephone)

Where can requestor be reached other than above address? _____

Nature of Request and Description of Public Records Sought:

Receive Copy: ____ Review, Inspect Copy: ____ Physically Inspect: ____

___ I request a fee estimate to be provided within 3 days, and agree that the City need not respond to my request until after 5 days after I receive the fee estimate.

___ I have examined the fee schedule. I agree to pay the reasonable charges of this request, and waive any right to a fee estimate.

___ I agree that the public body need not respond to my request until: _____

Requestor Signature

1. Estimated Cost: _____ **Total Costs:** _____

2. Deposit: _____ 5. Payment: _____

3. Balance: _____ 6. Balance: _____

4. Copying Cost: _____ Control #: _____
Labor Cost for Searching &
Reviewing/Monitoring: _____

Received From: _____ Date: _____ By: _____