



PUBLIC RECORDS REQUEST

DATE: _____

STAFF PERSON RECEIVING REQUEST: _____

NAME OF REQUESTING PARTY: _____

AGENCY NAME: _____
(if applicable)

ADDRESS: _____
(Street) (City) (State) (Zip)

DAY PHONE: _____ E-MAIL _____

RECORDS REQUESTED: Please describe below the records you are requesting and any additional information (i.e. date of meeting or specific subject matter) that will help us identify and locate them for you as quickly as possible. A request which is so vague or ambiguous that public records cannot be identified or located may cause your request to go unprocessed or subject your request to additional research costs.

CITY MANAGER APPROVAL

APPROVE RELEASE

DENY RELEASE

CITY ATTORNEY APPROVAL

APPROVE RELEASE

DENY RELEASE

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ADDITIONAL RESEARCH COSTS: (PLEASE SPECIFY NATURE OF ADDITIONAL RESEARCH COSTS)

TOTAL CHARGE: \$_____

DEPARTMENT: _____

DATE ISSUED/RELEASED TO REQUESTOR: _____

STAFF

SIGNATURE