



REQUEST FOR PUBLIC RECORDS
(PLEASE PRINT LEGIBLY)

NAME: _____

ADDRESS: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

DESCRIPTION OF PUBLIC RECORDS REQUESTED (PLEASE BE SPECIFIC): _____

DATE OF REQUEST: _____ **TIME:** _____ A.M. / P.M.

FOR USE BY CITY ONLY

Name of Employee Receiving Request: _____

Suspense to Respond to Request (7 Business Days): _____

Estimate of Possible Costs: \$.30/Page 8½X11, 8½X14; 11x17; \$1.00/page Color

Copies (If Requested): _____ X \$._____ = _____

_____ X \$._____ = _____

Electronic Records (If Requested and Available); \$ _____

Charges For Searching, Reviewing and Redacting: \$ _____

Total Estimate (Indicate If Payment Received and Amount) \$ _____

Date/Time Requestor Notified Records Ready: _____

Date/Time Action Completed/**Employee:** _____

(Use the Back Of The Form If Necessary To Calculate Estimated And Actual Costs)

City Notes: _____

****CONSISTENT WITH OTHER DUTIES, EVERY EFFORT WILL BE MADE TO MAKE THE RECORDS AVAILABLE AS QUICKLY AS POSSIBLE****