



PUBLIC RECORDS REQUEST FORM

1. REQUESTER'S INFORMATION:

Name: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

2. REQUEST INFORMATION:

Please be as detailed as possible in describing the records being requested.

3. Is this request for:

Copying of Public Records Inspection of Public Records

*How many copies of the requesting documents do you need?

*How would you like to receive these copies:

Every page will be assessed a fee of \$0.25 per page (hard copy or email) and fee must be prepaid. Electronic download requests will be assessed a fee based on the amount of time needed to fulfill the request based on the hourly wage of the City Clerk. A flash drive must be provided by the requester if electronic downloads are requested.

Verbal estimated charges:

Actual Charges:

Date completed