



OPEN RECORDS REQUEST

Name of customer requesting information: _____

Street Address: _____

City, State and Zip _____

Telephone No.: _____ Fax No: _____

Email address: _____

Representing: _____

Information requested from which Department: _____

Describe information Requested:

NOTE:

1. If the information is not immediately available, you will be notified of a time and place to obtain the information.
2. Original records may not be removed from city offices.
3. The fee for copies of document is 10 cents per page for standard size pages (letter and legal size). An additional fee may be charged for retrieval of records that are in storage. Other fees apply to certified copies, non-standard copies, computerized information, and copies for which a specific fee is set by ordinance or state law.
4. Information requested in compiled form may require you to research un-compiled records.

Signature

Date

FOR CITY USE ONLY

Information supplies _____
(Date) (Employee)

City Attorney (approved) _____ (denied) _____