REQUEST FOR PUBLIC RECORDS
PURSUANT TO PUBLIC RECORDS ACT

Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Telephone No: _____

Date: _____

You do not have to provide this information. But, if you choose not to it is your responsibility to check back with the City on the 10th working day after the request is made. Without this information, the City has no way to contact you.

Records Requested:

(NOTE: Please be specific. A request can not be complied with if specific details are not given. For all regular size documents (except Conflict of Interest Statements and Election materials) copied there is a $.15 per page copying charge. Attach additional sheets if necessary).