



REQUEST FOR PUBLIC RECORDS

1. Name of party requesting records: _____

2. Address of party requesting records: _____

City	State	Zip	Phone Number	Fax Number
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3. List of records requested: _____

 (Attach additional pages as needed)

4. Date by which records are desired to be reviewed (the City has a minimum of ten (10) days and up to twenty (20) days to provide copies of records requested **(after payment is received)**.)

Please note that many records are exempt from disclosure to citizens, and the City must make a determination as to whether records are exempt before the City is allowed to show the records to you.

Payment of the cost must be in cash, cashier's check, money order, before the City can begin copying the records. (City staff will notify you of the cost prior to making the copies request).

Thank you for your interest in the documents requested, and for your cooperation and patience regarding your request.

 Requester's Signature

 Date

1. Number of pages of documents requested: _____ 2. Administrative Cost \$ _____

3. Cost of copied pages of documents: (number of pages x .35): \$ _____

4. Postage: \$ _____

TOTAL PAYMENT DUE: \$ _____

Staff Signature: _____