PUBLIC RECORDS REQUEST FORM

Name _____

Address _____

Telephone ( ) _____ Fax ( ) _____

Date Requested _____ Date Required _____

Estimated dates of records requested (if known):

From: ___/___/___ To: ___/___/___

DAY MONTH YEAR DAY MONTH YEAR

Records Requested (please be as specific as possible) _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Check the following if applicable:

Resolution _____ Ordinance _____ Minutes _____

Contract _____ Agenda Backup _____ Other _____

The city has ten days in which to respond to your request. You may be notified within the ten day period that additional time is necessary if your request is unusual. You will be required to pay ten cents per page and one dollar for administrative charges. The city is under no obligation to respond to requests which are not focused and specific, or which are burdensome. The city may withhold documents which are exempt from disclosure under state or federal law, including the attorney - client privilege or any other applicable privilege.