



## Public Records Request Form

COMPLETING THIS WRITTEN REQUEST IS *OPTIONAL*. YOU MAY MAKE YOUR PUBLIC RECORDS REQUEST ORALLY IF YOU SO CHOOSE.

**1. Type of Request:** (check all that apply)

- Request to Inspect Records       Request to Copy Records       Request for Mailing\*

**2. Requested Records:** (Attach additional pages if necessary. If request was in writing, attach written request)

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**3. Requested Format of Copies:** (check applicable format, if copies requested)

- Paper  
 CD/DVD  
 Other: \_\_\_\_\_

**4. Name:** (Optional) \_\_\_\_\_ **Date:** \_\_\_\_\_

**5. Mailing Address\*:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**(Yellow Area to be completed by City Personnel)**

Date of Request: \_\_\_\_\_ Time of Request: \_\_\_\_\_

Date Request was Received: \_\_\_\_\_ (for mailed written requests)

Request Made to: \_\_\_\_\_ Department: \_\_\_\_\_

For oral requests, did the Requestor read the above request or have it read to him/her?

Yes  No

If no, indicate reason: \_\_\_\_\_

Date Request was fulfilled: \_\_\_\_\_

Cost of Records: \_\_\_\_\_ Payment Received? Yes  No

If not, why? \_\_\_\_\_

If Request was denied in whole or in part, attach Denial of Public Records Request Form.