



Request for Open Records

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business or Home Address: \_\_\_\_\_

\_\_\_\_\_

Contact number: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Information requested: (Please be aware that it could take up to three (3) working days to respond to your request. Payment for request must be made prior to request being fulfilled if applicable.)

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.....

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Charge (where applicable): \_\_\_\_\_

Date information will be available: \_\_\_\_\_

Staff member who handled research: \_\_\_\_\_

City Clerk: \_\_\_\_\_