

REQUEST FOR PUBLIC INFORMATION

To: Public Information Officer

Requester Name: _____

Address: _____

Date of Request: _____ Time: _____

Information Requested (Please be specific): _____

Do you want copies of the information? Yes _____ No _____

Mailed to you? Yes _____ No _____

Certified? Yes _____ No _____

Coping fees: \$2.00 for first page of each document,
\$0.10 per page thereafter

Certification fee: \$2.00 per document or portion of document

ALL PUBLIC INFORMATION WILL BE PROVIDED TO YOU FOR YOUR EXAMINATION, OR COPIES WILL BE PROVIDED, IF YOU SO REQUEST, WITHIN TEN (10) DAYS FROM THE DATE OF THIS REQUEST IS RECEIVED IN OUR OFFICE.

INFORMATION THAT IS NOT PUBLIC AND IS EXEMPT FROM DISCLOSURE UNDER THE STATE LAW WILL NOT BE RELEASED UNTIL THE CUSTODIAN OF THE INFORMATION HAS RECEIVED AN ATTORNEY GENERAL'S OPINION OR COURT ORDER REQUIRING DISCLOSURE.

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PREPAID: _____ # OF PAGES COPIED: _____ CERTIFIED: _____

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REFERRED TO CITY ATTORNEY: _____ DATE: _____

RECORDS EXAMINED Yes _____ No _____ DATE: _____

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