

REQUEST FOR PUBLIC RECORDS FORM

***The city reserve the right to charge \$.10 (ten cents) per page for copies and the average hourly rate of pay for clerical staff for research time for the requested information. ***

| Date of Request: | Time of Request: |
|--------------------------------|--------------------------------|
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| Requester's Name: | |
| Requester's Full Address: | |
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| Requester's Contact Number: | |
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| Public Record Being Requeste | ed: |
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| Requester's Signature: | |
| COMDI ETED DV HANI EV | HILLS EMPLOYEE/REPRESENTATIVE |
| COMPLETED BY HANLEY | HILLS ENH LOTEE/REFRESENTATIVE |
| Date request was received: | |
| Date Documents were available: | |
| Date Requester was notified: | |
| Date picked up: | |
| Picked up by: | |
| Copying cost | Receipt # Initial |
| Miscellaneous comments: | |
| | |