



Office of City Clerk

REQUEST FOR RECORD INSPECTION

(To be completed by Requestor)

NAME: _____
PHYSICAL ADDRESS: _____
CITY, STATE, ZIP: _____
SIGNATURE: _____

RECORD SOUGHT: Please provide as specific as possible a description of the record(s) you desire to inspect. Include record titles and dates, as well as the names of city agencies or departments which produced or hold the record(s).

- 1.) _____
- 2.) _____
- 3.) _____

CHARGES: A charge for providing access to public records is authorized by state law and has been established by the city governing body. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee schedule established by the city is posted in this office.

The charge to you for access to the record you requested is: \$ _____

Prepayment of the above amount
_____ Is required _____ Is not required

Your copy of this form is your receipt

(To Be Completed by Record Custodian)

Time of Request: Date _____ Time _____:_____ AM, PM
Time Access Provided: _____ Time _____:_____ AM, PM
Staff Time Involved: _____ Hours _____ Minutes

Charges _____
Prepaid _____
Paid _____
Billed _____

Record Custodian