



**OPEN RECORDS REQUEST**  
Request for Inspection/Copy of  
Information

**Name of Requestor:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Fax Number:** \_\_\_\_\_

**DESCRIPTION OF PUBLIC INFORMATION REQUESTED** (Please use as much detail as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You may inspect the requested information within ten (10) business days of the information being made available to you or receive copies at \$0.10 per page. Any copy request of 51 pages or more that requires gathering or compiling will be charged, depending upon materials, labor, overhead, postage, etc., at the rate of \$15.00 per hour for the time required to fulfill the request.

**PLEASE CHECK APPROPRIATE BOX:**  I wish to inspect  I wish to have copies

**Signature of Requestor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**DO NOT WRITE BELOW THIS LINE-FOR OFFICE USE ONLY**

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Date received: \_\_\_\_\_ Date Paid: \_\_\_\_\_

**Department Review**

Name: \_\_\_\_\_ Dept.: \_\_\_\_\_

Date Received: \_\_\_\_\_ Date Sent to City Secretary: \_\_\_\_\_

**City Attorney Review**

Necessary for Review by City Attorney:  Yes  No

If Yes, Date Sent for Review: \_\_\_\_\_

Date Received by City Attorney: \_\_\_\_\_ Approved for Disclosure:  Yes  No

**Attorney General Review**

Requires Ruling from Attorney General:  Yes  No

If Yes, Date Sent for Review: \_\_\_\_\_

Date Received from Attorney General: \_\_\_\_\_ Approved for Disclosure:  Yes  No

**City Secretary Review**

Date of Final Review: \_\_\_\_\_ Date Requestor Notified: \_\_\_\_\_ Date Disclosed: \_\_\_\_\_