

REQUEST FOR DISCLOSURE OF PUBLIC RECORDS

By completing this form, you are helping us administer the Access to Public Records Act.

Name: _____ Telephone No.: _____

Address: _____
(Street) (City) (State/Zip)

Date of Request _____ Time of Request _____

Please identify with reasonable particularity the record(s) being requested.

I am requesting _____ you to allow me to inspect the records.

_____ you to provide me with a copy of the record(s) at a fee of:

\$.10 per single sided 8 1/2" x 11" sheet

\$.20 per double sided 8 1/2" x 11" sheet

\$.35 per single sided 8 1/2" x 14" sheet

\$.40 per double sided 8 1/2" x 14" sheet

(Per Ordinance 97-1692 passed 4/28/97 & 98-1716 passed 5/26/98)

I understand that I must pay the copying fee before the record will be copied.

DO NOT WRITE BELOW THIS LINE: FOR OFFICE USE ONLY

Date and Time request received: _____

Name of Person received request: _____

Disposition of Request: _____

Disposition date and time: _____