



PUBLIC INFORMATION REQUEST

DATE: _____

****THE INFORMATION MAY OR MAY NOT BE AVAILABLE AT THE TIME REQUESTED OR MAY NOT BE AVAILABLE FOR PUBLIC INSPECTION. SHOULD THIS OCCUR, THE INFORMATION WILL BE RELEASED AT THE EARLIEST CONVENIENCE OR: DATE: _____ TIME: _____ AM _____ PM _____**

PERSON REQUESTING INFORMATION: _____

REPRESENTING FIRM/COMPANY: _____

ADDRESS: _____

E-MAIL ADDRESS: _____ PHONE#: _____

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

(SIGNATURE)

.....
APPROVAL FOR RELEASE OF PUBLIC RECORD(S)

ROUTED TO: _____

DATE RECEIVED: _____

DEPARTMENT: _____

ACTION TAKEN: _____

APPROVAL MUST BE GIVEN BY THE DEPARTMENT HEAD AND/OR CITY MANAGER/ATTORNEY

DEPT. HEAD

CITY MANAGER

DATE AND SIGNATURE OF RECEIPT