



PUBLIC INFORMATION REQUEST FORM

NAME: _____ DATE: _____

FIRM/COMPANY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

INFORMATION REQUESTED: (In order for us to complete your request, it should be as specific as possible.)

PLEASE INDICATE IF YOU WOULD LIKE TO:

___ VIEW THE INFORMATION REQUESTED ___ RECEIVE COPIES OF THE INFORMATION

SIGNATURE: _____

OFFICE USE ONLY

REQUEST ACCEPTED BY: _____

ROUTED TO: _____ DEPT: _____

DUE BY: _____ (Routine requests should be completed promptly, without delay. Notify City Secretary if request cannot be completed by the seventh business day.)

REQUEST COMPLETED & REQUESTOR CONTACTED ON: _____

AMOUNT DUE: _____

SENT TO CITY ATTORNEY FOR OPINION: _____ (date)

SENT TO ATTORNEY GENERAL FOR OPINION: _____ (date)