Request for Disclosure of Public Records
Ord.427; Code 2.105.010

Name: ________________________________
Address: ______________________________
City/Town: ___________________________ State: _____ Zip: ________-_____
Phone # _______________________________

Records requested:
Title of Record(s): ________________________________
Date of Record(s): ________________________________

Please describe below the records you are requesting and any additional information that will help us locate them for you as quickly as possible.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I certify that the lists of individuals obtained through this request for public records will not be used for commercial purposes.

Signature: ________________________________

Number of copies: _____
Number of pages: _____
Per Page charge:

8 1/2" x 11" copy paper @ .15 per copy X ________ copies = ________
11" x 17" copy paper @ .35 per copy X ________ copies = ________

Total charge = ________

Office use only:

Department: _______________________
Request received by: _________________ Date: __________
Request completed by: _________________ Date: __________