

OPEN RECORDS REQUEST

NAME: _____ DATE: _____

MAILING ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE NUMBER: _____ EMAIL ADDRESS: _____

I REQUEST (check one): COPIES VIEWING OF THE FOLLOWING INFORMATION:

(Continue on back if more space is needed)

I understand that a 50% Deposit is required based on the anticipated costs associated with retrieving the records I have requested. I also understand that should I fail to pick up the requested records, my Deposit will be applied to the actual costs; any remaining balance will be paid before release of the records. I further understand that my request for an Open Record is also an Open Record itself. Regardless if a deposit is required or not, if I fail to pick up any prior request and pay for it, the City is not obligated to respond to any further request until I have paid my unpaid balance.

Any request for additional information/copies will require another Open Records Request Form to be completed and another possible 50% Deposit.

Signature of Requester

City Portion:

Date Request Received: _____

Date Deposit (if required) Received: _____

Deposit Received: \$ _____ Cash or Check (circle one)

Date Requester Notified Copies Ready for Pick Up: _____

Date Copies Picked Up: _____ Paid Receipt No: _____