



Please Print All Information. Every effort is made to expedite all requests for disclosure of public records. The City will respond to your request within a reasonable amount of time, however, due to personnel demands, schedules, and type of information requested the disclosure of records may take longer as allowed by law.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

DESCRIPTION OF REQUESTED RECORD(s) Please be specific by naming type of document and include dates) Time Frame: From _____ To _____

Date of Request

Signature of Applicant

Date Received by City: Time Stamp and Initial

Fees associated with this request include but are not limited to: Copy Fees \$.10 - \$.50 per page, CD's \$2.00, DVD \$3.00, Labor/Personnel Charges \$15.00/hour.

<p>Requestor: _____</p> <p>Date Released/Picked Up: _____</p> <p>Signature of Requestor: _____</p> <p>FEES:\$ _____ <input type="checkbox"/> PAID 101-00-00-4590</p>	<p>Date Information Available: _____</p> <p># Of Pages _____</p> <p>Completed By: _____</p>
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FOR INTERNAL USE ONLY:

TO: _____ TO: _____ TO: _____ TO: _____ The information requested is pertinent to your department. This information is to be returned to the City Secretary no later than _____ for review and processing. **PLEASE DOCUMENT ALL TIME SPENT IN COMPLYING WITH THIS REQUEST *** NOTE: Should there be a reason this information cannot be furnished in the time frame requested, please note below and return the form to the City Secretary. _____ _____ _____	Date/ Delivered to Department: <hr style="border: 1px solid black;"/> Date/Time Returned from Department: <hr style="border: 1px solid black;"/>
Signature of Department Director _____ Date _____	

REVIEWED BY CITY SECRETARY/LEGAL ON _____ APPROVED FOR DISCLOSURE: _____ YES _____ NO (State Reason) REASON FOR NON-APPROVAL: _____ _____ _____ _____	Date: _____ AG Drop Dead Date: _____
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REQUIRES RULING FROM ATTORNEY GENERAL: _____ YES _____ NO NON-DISCLOSURE SECTIONS: _____ _____	Date Sent To Attorney General: <hr style="border: 1px solid black;"/> Date Sent To Requestor (W/O ENC) <hr style="border: 1px solid black;"/>
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ATTORNEY GENERAL APPROVED FOR DISCLOSURE: _____ YES _____ NO Pages Released: _____ Sent To Requestor: _____	Date Returned from AG: <hr style="border: 1px solid black;"/>
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Time Log: <input type="checkbox"/> Time Spent Researching _____ <input type="checkbox"/> Time Spent Copying _____ <input type="checkbox"/> Time Spent Redacting/Preparing Infor. _____ <input type="checkbox"/> Misc. _____	Total Time Spent on Request: <hr style="border: 1px solid black;"/>
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Fee Summary	Pages (8 ½ x 11) _____ Pages (11 x 17) _____ Misc. Fees _____	CD's _____ DVD's _____	Other Fees: _____
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