

NAME:			
ADDRESS:			
PHONE:		C	DATE OF REQUEST:
SPECI FI C PL	JBLI C RECORDS R	EQUESTED: (i.e., (	Copy of Ordinance 2012-99)
a) The above	records are availabl	e for immediate ins	spection and may be reviewed at the City Clerk's
Office on		at	time) A.M. or P.M.
,			but may be inspected at the City Clerk's Office
on		at	A.M. or P.M.
☐ The reques	st places an unreaso	nable burden on th	mandatory disclosure; ne custodian in producing voluminous public records;
	d the above request y not remove these		derstand that I may make abstracts or have copies this room.  (Signature of Applicant)
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Please make _	copies of eac	ch page of the follo	wing document(s) at a fee of \$.10 per page:
Name of Public	c Record to be copie	ed:(Name of docu	mont)
Pages of recor	d to be copied:	·	ment)
•	•		otal amount due of \$
☐ Custodiar			