



PUBLIC RECORDS INSPECTION FORM

I. APPLICANT INFORMATION: (Please Print Clearly)

NAME: _____

ADDRESS: _____

PHONE: _____ DATE OF REQUEST: _____

II. SPECIFIC PUBLIC RECORDS REQUESTED: (i.e., Copy of Ordinance 2012-99)

III. a) The above records are available for immediate inspection and may be reviewed at the City Clerk's Office on _____ at _____ A.M. or P.M.
(date) (time)

b) The above records are *not* available at this time, but may be inspected at the City Clerk's Office on _____ at _____ A.M. or P.M.
(date) (time)

The above delay is due to: Active Use of Requested Records; Records are in Storage and must be located; Records are not otherwise available; Other _____

IV. This request for inspection is denied due to the following reason(s):

- The records requested are exempted by law from mandatory disclosure;
- The request places an unreasonable burden on the custodian in producing voluminous public records;
- Other reasons, (Specify): _____

I have received the above requested records and understand that I may make abstracts or have copies made, but may not remove these public records from this room.

(Signature of Applicant)

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Please make \_\_\_\_\_ copies of each page of the following document(s) at a fee of \$.10 per page:

Name of Public Record to be copied: \_\_\_\_\_  
(Name of document)

Pages of record to be copied: \_\_\_\_\_

Fee: \_\_\_\_\_ pages @ \$.10 per page for a total amount due of \$\_\_\_\_\_.

- Custodian
- Official Custodian

\_\_\_\_\_  
(Custodian Signature)