2/19/2014

PUBLIC RECORDS REQUEST FORM

To: Building Safety Department

Address inquiring about: ____________________________

I ____________________________ request the following:

Print Name

___Photocopies of the following specific public records (list documents by title):
________________________________________________________
________________________________________________________

___A researched list of documents pertaining to the following issue/ project/ topics:
________________________________________________________
________________________________________________________

___Duplication of electronic meetings in which the following topics were discussed:
________________________________________________________
________________________________________________________

___Research on public meetings in which the following topics were discussed:
________________________________________________________
________________________________________________________

I agree to pay for the above requested services as listed on the reverse. I understand that I must make payment prior to receipt of the documents for review or photocopies. I further understand that I will be notified when the material I have requested is ready, that I will have five working days to review or pick up the material, and that if I do not pick up the material it will be mailed to me and I will be billed for the requested services plus postage and handling.

__________________________________________
Date

__________________________________________
Signature

Protecting the health, safety and welfare of our citizens by assuring better buildings and a safer community.
Phone Number

E-Mail Address or Fax Number

(For Use by City Staff Only)

Disposition of request:

Granted_______ Partially Granted_______ Denied_______

If any part of this request is denied, explain:

Cost assessed? Yes_______ No_______

Photocopies: _______ copies @ $.20 per a copy = $_______ (8 1/2x11 to 11x17)

Photocopies: _______ copies @ $3.00 per a copy = $_______ (larger than 11x17)

Staff time to research and handle: _______ hours @ $10.00 minimum of 1 hour = $_______

Postage $ _______

Other $_______

Total Payment due $_______

Date provided: ____________________ or date mailed__________________________

Date Paid: __________________________

Signature of City Staff