



Building Safety Department

2101 O'Neil Avenue, Room 202

Cheyenne, WY 82001

Phone: (307) 637-6265 Fax: (307) 637-6366

www.cheyennecity.org



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

Phone Number

Email address or Fax Number