



Building Safety Department

2101 O'Neil Avenue, Room 202

Cheyenne, WY 82001

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

www.cheyennecity.org



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