Public Records Request Form

This form is not required to submit a request, but helps the City with tracking and responding.

To be Completed by the Requestor

Name of Requestor:

Agency/Company:

Address:

Phone:

Fax:

Email:

Please tell us how you would like for the City to respond to your request:

____ ***Walk-In/Personal Pick-Up***

____ ***Fax***

____ ***Email***

____ ***Mail***

____ ***Other*** _____

Requested Documents (Please be as specific as possible)

For Internal Use Only

Request Received	Request Completed (Notification Given of Record Availability)	Request Picked-Up/Mailed/Faxed
Date Due: Staff Initials:	Date: Staff Initials:	Staff Initials:
How Request Was Received	**Notification**	**Completion**
☐ Walk-in ☐ Mail ☐ Fax ☐ Phone ☐ Email ☐ Other _____	Assigned to: _____ 1st Response: _____ 2nd Response: _____	☐ Pick-Up ☐ Faxed ☐ Mailed ☐ Other _____