



Date Request Received: _____

Fee Received/Receipt #: _____

Date Documents Ready: _____

REQUEST FOR PUBLIC RECORDS

I do hereby certify that I am requesting copies of the following document(s):

The requested document(s) will be used for: (initial one)

commercial purposes _____

noncommercial purposes _____

I agree to pay the fee designated by the City for the documents above requested, and agree that I will not use or allow the use of the documents for any purpose other than as I described above.

Signature

For Contact Information Only:

Please Print Your Name & Address (if you wish to pay in advance and have the document(s) mailed to you) or Name & Phone Number (where you can be reached when your document(s) are ready).

I have received the above requested documents:

Signature