



PUBLIC INFORMATION REQUEST FORM

NAME: _____ DATE: _____

REPRESENTING FIRM/COMPANY: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

INFORMATION REQUESTED: (In order for us to complete your request, it should be as specific as possible.)

PLEASE INDICATE IF YOU WOULD LIKE TO:

Do you agree to the redaction of information that is subject to mandatory or discretionary exceptions?

Yes ☐ No ☐

☐ VIEW THE INFORMATION REQUESTED ☐ RECEIVE COPIES OF THE INFORMATION

SIGNATURE: _____

OFFICE USE ONLY

REQUEST ACCEPTED BY: _____ DEPARTMENT: _____

ROUTED TO: _____ DEPARTMENT: _____

REQUEST DUE BY: _____ (Routine requests should be completed promptly, without delay.
Notify the City Secretary if the request cannot be completed by the seventh business day.)

COPIED TO CITY SECRETARY ON: _____
(DATE)

REQUEST COMPLETED AND REQUESTOR CONTACTED ON: _____ BY: _____
(DATE) (INITIALS)

AMOUNT DUE: _____ PAID ☐ YES ☐ NO ☐ WAIVED (According to Public Information Policy)

SENT TO CITY ATTORNEY FOR OPINION: _____
(DATE)

SENT TO ATTORNEY GENERAL FOR OPINION: _____
(DATE)

FINAL DISPOSITION: ☐ REQUEST COMPLETED: _____
(DATE)