

Public Records Request

Please complete this form and remit to the City Clerk.

Name of Person / Entit	ty Requesting Public Records:				
Mailing address:					
		City	State	Zip Code	
Phone Number:		Email Address:			
	Please sel	ect one of the following:			
Inspect Records	Receive an elec	tronic copy of records (if avaliable)	Receive a physic	al copy of records:	
		of:			
Description with reasonabl	le specificity:				
Iam aware that The City of N	Noriarty charges \$.25 per copy, should the co	ost of this records request exceed \$; please contact me to o	discuss my request	
Signature of Person M	aking Request:		Date:		
fifteen days after receiving w available for inspection or wh the City Clerk. Documents 1	est for public records, the inspection shall be p initten request. If the inspection is not permit en the public body will respond to the reques 11° x 17° or smaller may be obtained for twen ion, zoning, comphrensive zoning ordinances	ted within three business days, the custodi t. The three-day period shall not begin unt hty-five cents (\$.25) per page; all general or	an shall explain in writing wh il the written request is delive	en the records will be ered to the office of	
	Fo	r Office Use Only			
Date Received:		Date Delivered:			
Method of Request:		Method of Delivery	Method of Delivery:		
Request Received By:		Request Received	Request Received By:		
Number of Pages:	Cost:	Receipt Number:			
Comments:					
	Denied				