



# Public Information Request Form

## Requestor Contact Information

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Description of Information Requested

Please specify what records you are requesting. Provide any dates or details that might assist us in determining the location of the information you are seeking. Please be as specific as possible.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### CITY USE ONLY

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

