

**REQUEST FOR DISCLOSURE OF PUBLIC RECORDS**

Name_____	Address_____	
City_____	State_____	Zip_____
Phone_____	Email_____	
Description of requested record: (Be as specific as possible-attach another sheet if necessary)		
Date of Request_____	Signature of Applicant_____	

<b>FOR OFFICE USE ONLY:</b>	Date Received_____
Requires ruling from City Attorney:    YES    NO	Date_____
Approved for disclosure by City Attorney:    YES    NO	Date_____

<b>FOR OFFICE USE ONLY:</b>	
Requires ruling from Attorney General:    YES    NO	Date_____
Approved for disclosure by Attorney General:    YES    NO	Date_____
Date Returned from Attorney General_____	

<b>FOR OFFICE USE ONLY:</b>	
Estimated cost_____	Date requestor notified of cost_____
CMRRR#_____	Date Green Card Returned to City Hall_____

<b>FOR OFFICE USE ONLY:</b>	
Fees paid_____	Date disclosed_____
Released by_____	Method of delivery_____