

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 _____

FOR OFFICE USE ONLY:

Date Received _____

Requires ruling from City Attorney: YES NO Date _____

Approved for disclosure by City Attorney: YES NO Date _____

FOR OFFICE USE ONLY:

Requires ruling from Attorney General: YES NO Date _____

Approved for disclosure by Attorney General: YES NO Date _____

Date Returned from Attorney General _____

FOR OFFICE USE ONLY:

Estimated cost _____ Date requestor notified of cost _____

CMRRR# _____ Date Green Card Returned to City Hall _____

FOR OFFICE USE ONLY:

Fees paid _____ Date disclosed _____

Released by _____ Method of delivery _____