

CITY OF DEL CITY
REQUEST FOR RECORD

Name: _____ Address: _____

City/State/Zip _____

Phone (H) _____ (W) _____ FAX _____

Date of Request: _____ Signature: _____

Records Requested: (Please provide as specific a description as possible)

1. _____

2. _____

3. _____

4. _____

5. _____

Response to all requests will be provided within a reasonable time. You will be notified when requested records are available for inspection. Copies can be provided for a charge of \$0.25 per page.

Charges: A charge for providing copies of public records is authorized by state law and has been established by Council policy. In some cases prepayment will be required.

FOR CITY USE ONLY

Department: _____ Date of Notification: _____

The records requested above are located in your department. Please provide said records to the **City Clerk's Office** as soon as possible. If records are not available or if there will be a delay of more than five (5) working days notify the City Clerk or Deputy City Clerk or immediately.

Records due by _____ am / pm on _____

Signature acknowledging receipt _____

Staff time involved: _____

Date access of records/written response provided to City Clerk: _____

Signature of Department Head: _____

TO BE COMPLETED BY CITY CLERK'S OFFICE

Request Received: Date: _____ Time: _____ am / pm

Staff time involved: _____

Access provided to Requester: Date: _____ Time: _____ am / pm

Number of pages: _____ Total Charges: _____

Amended: 07-27-07