Public Records Request Form

Form CC-05

Request copies of City records under the state public records act. The Clerk responds within ten business days. Copies cost 10 cents per page after the first 50 pages; electronic copies are free.

1. Requester

Requester name

Organization (if any)

Mailing address

City

State

ZIP code

Phone

Email

2. Records requested

Describe the records as specifically as you can

Date range from

Date range to

How would you like to receive them?

- ☐ Email (free)
- ☐ Paper copies
- ☐ Inspect in person

3. Signature

I understand that copying fees may apply and that some records may be withheld or redacted under state law.

Signature

Printed name

Date