

REQUEST FOR RECORDS IN ACCORDANCE WITH THE FREEDOM OF INFORMATION ACT

I am requesting to _____INSPECT or HAVE_____NON-CERTIFIED copies of the following public record
 (be specific to your request)_____

Will this material be used for commercial purposes? ____yes ____no

Name_____Address_____

Phone_____City_____State____Zip_____

Email_____Fax_____

Signature of Requestor_____Date_____

To: <input type="checkbox"/> Administration <input type="checkbox"/> Building Department <input type="checkbox"/> Clerk's Department <input type="checkbox"/> Community Development <input type="checkbox"/> Fire Prevention <input type="checkbox"/> Fire or Police Pension Board <input type="checkbox"/> Health & Human Services <input type="checkbox"/> Law Department <input type="checkbox"/> Police Department <input type="checkbox"/> Utilities Department <input type="checkbox"/> Zoning Department <input checked="" type="checkbox"/> Mayor	<i>Notified by Phone</i> _____ <i>Mail</i> _____ <i>Sent by</i> <i>Mail</i> _____ <i>Fax</i> _____ <i>Email</i> _____ <i>Picked up</i> _____ <i>Comments</i> _____ _____ _____ <i>Filed</i> _____ _____
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Date Received_____ ***Date Required by***_____

PLEASE FORWARD INFORMATION REGARDING THE REQUESTED FOIA TO THE CLERK'S OFFICE WITHIN FIVE DAYS (Before date required listed above).

Date Rcv'd	Department	# pages received
_____	Administration_____	_____
_____	Building Department	_____
_____	Clerk's Office	_____
_____	Community Development	_____
_____	Fire Prevention	_____
_____	Fire or Police Pension Board	_____
_____	Health & Human Services	_____
_____	Law Department	_____
_____	Mayors Office	_____
_____	Police Department	_____
_____	Utilities Department	_____
_____	Zoning Department	_____