

**PUBLIC RECORDS INSPECTION
REQUEST FORM
(Please Print or Type)**

Date of Application: _____

Applicant (name, mailing address and telephone): _____

DESCRIPTION OF RECORDS TO BE INSPECTED:

As evidenced by my signature hereunder, I understand the following:

1. If my request to inspect public records is granted, I will have the right to inspect and make abstracts of the public records to which I am entitled.
2. If I request copies of records, I will be responsible for advance payment of \$.10 per page for each copy requested.
3. I will comply with all applicable laws regarding the inspection of public records.

TO BE COMPLETED BY CITY

The above-described records have been approved for inspection and will be available at the Office of the City Manager on _____ at _____.

Approved by: _____

Date

Amount to be paid \$ _____

Received by: _____

Date