

Open Record Request Form



**REQUEST FOR  
INSPECTION/COPYING OF  
RECORD**

Date of request: \_\_\_\_\_ Time of request: \_\_\_\_\_ AM / PM

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone contact number(s): \_\_\_\_\_

Email: \_\_\_\_\_

Description of document: \_\_\_\_\_

Purpose of request:  Court Case  Personal information  Other (please specify): \_\_\_\_\_

Certified Copy?:  Yes  No

**FOR CITY CLERK USE ONLY:**

Responsible Department & Division: \_\_\_\_\_

Availability:  Paper Copy  Electronic Format

Location:  In Storage  Readily Available (on-site)

Cost Estimate:

# of pages \_\_\_\_\_ @ \$.25 = \$ \_\_\_\_\_

# of hours \_\_\_\_\_ @ hourly rate \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total Cost Estimate: \$ \_\_\_\_\_

Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available. If over \$50, I understand I must provide security to pay for the cost incurred to obtain the records.

Yes  No - Cancel request

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date