

## Public Records Request

I, \_\_\_\_\_ request from the Office of the City Clerk  
to ( ) inspect or ( ) obtain copies of the following information:

- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_

\_\_\_\_\_  
Signature of  
Individual Requesting Information

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

## **Public Records Received**

I, \_\_\_\_\_ have inspected or received from the  
Office of the City Clerk the information requested above:

\_\_\_\_\_  
Signature of  
Individual Receiving Information

\_\_\_\_\_  
Date

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City Clerk's Office

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Date