



CITY OF FATE
PUBLIC INFORMATION REQUEST

DATE: _____

REQUESTOR'S NAME: _____

REPRESENTING FIRM OR COMPANY: _____

ADDRESS: _____

PHONE: () _____

EMAIL ADDRESS: _____

REQUIRED FOR ELECTRONIC RECORDS – SEE NOTE BELOW

DESCRIPTION OF PUBLIC RECORD(S) BEING REQUESTED: _____

NOTE: THERE MAY BE ADDITIONAL CHARGES FOR HARD (PAPER) COPIES. IF THE INFORMATION IS AVAILABLE ELECTRONICALLY, IS THAT YOUR PREFERRED METHOD FOR RECEIPT? **PLEASE CIRCLE: YES NO**

SIGNATURE OF REQUESTOR

.....
ACTION BY CITY:

ROUTED TO: _____

DATE RECEIVED: _____

DEPARTMENT: _____

ACTION TAKEN: _____

NOTIFICATION TO REQUESTOR THAT RECORD(S) IS/ARE AVAILABLE FOR PICKUP OR VIEWING: DATE: _____ TIME: _____

RECORDS PICKED UP AND/OR VIEWED: DATE: _____ TIME: _____

CITY EMPLOYEE COMPLETING REQUEST:

SIGNATURE

PRINTED NAME