



Records Request Form

This form is not required to submit a request, but assists the City with tracking and responding.

Name (Optional): _____

Phone (Optional): _____ FAX (Optional): _____

E-mail (Optional): _____

Address (Optional): _____

Requested Records: *(Please be as specific as possible)* _____

For Internal Use Only

Request Received Date _____ Form filled out by: <input type="checkbox"/> Requestor <input type="checkbox"/> Staff _____	Response Due: Date _____ Notes _____ _____ _____ _____ _____	Internal Distribution: <input type="checkbox"/> City Attorney <input type="checkbox"/> Asst. City Attorney <input type="checkbox"/> City Manager <input type="checkbox"/> Community Development <input type="checkbox"/> Human Resources <input type="checkbox"/> Finance & Info. Systems <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Police Department <input type="checkbox"/> Public Works (Eng Div.) <input type="checkbox"/> Public Works (Operations)
Request was received by: <input type="checkbox"/> Walk In <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other _____	Notification Date Requestor Notified: _____ Notified by: <input type="checkbox"/> Letter (attach copy) <input type="checkbox"/> Phone <input type="checkbox"/> E-mail (attach copy)	Completion Total Pages _____ Postage \$ _____ Total Cost \$ _____ (attach receipt) Notes: _____

All charges are in accordance with the City's Cost Allocation Plan and Fees with the exception of Political Reform Act documents, which are charged in accordance with State Law.