

**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 advanced payment of \$.10 per page for each copy requested.
3. I will comply with all applicable laws regarding the inspection of public records.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

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**TO BE COMPLETED BY CITY**

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

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Date

Amount to be paid \$ \_\_\_\_\_