CITY OF DEL CITY REQUEST FOR RECORD

Name:		Address:	
City/State/Zip			
Phone (H)	(W)_	FAX	
Date of Request:		Signature:	
Records Requested: (Ple			
1			
2			
3			
4			
5			
Response to all requests are available for inspecti	-		ime. You will be notified when requested records ge of \$0.25 per page.
Charges: A charge for p Council policy. In some	roviding copies of page cases prepayment		thorized by state law and has been established by
FOR CITY USE ONLY			
Department:		_Date of Notification	on:
	le. If records are no	ot available or if the	Please provide said records to the City Clerk's ere will be a delay of more than five (5) working y.
Records due by	am / pm oı	n	
Signature acknowledging	g receipt		
Staff time involved:			
Date access of records/w	ritten response prov	vided to City Clerk	:
Signature of Department	Head:	COEFICE	
TO BE COMPLETED E	OI CIII CLEKK S	OFFICE	
Request Received: Date	:	Time:	am / pm
Staff time involved:			
Access provided to Requ	iester: Date:	Time:	
Number of pages: Amended: 07-27-07	Total (Charges:	