Submit by Email

REQUEST FOR RECORDS

City Clerk's Department

Date: _____

Request:

- Inspect File ☐
- Xeroxing ☐
- Data Research ☐
- Other ☐

Name: _____

Address: _____

Phone: _____ Email: _____

Description of public record: (list each document, file or record separately)

Office Use Only

Date Completed:	Time Spent:	Completed By:	Copy Charge: