

OPEN RECORDS REQUEST FORM

CITY OF ALVA

TO BE COMPLETED BY REQUESTER: DATE: _____

NAME: _____ PHONE: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____

PLEASE PROVIDE A DESCRIPTION OF THE RECORD(S) REQUESTED.

RECORD TITLE/DATE:	NUMBER OF COPIES
1. _____	_____
2. _____	_____
3. _____	_____

PURPOSE IN REQUESTING DOCUMENT(S):

SIGNATURE (OPTIONAL): _____

CHARGES: A charge for providing copies of public records is authorized by state law and has been established by the city governing body. These charges are set at a level to compensate the city for the actual costs incurred in honoring your request. The fee is .25 per page.

DATE: _____ RECEIVED: _____

OFFICIAL USE ONLY

TIME OF REQUEST: TIME ACCESS PROVIDED:

DATE: _____ DATE: _____

TIME: _____ TIME: _____

STAFF TIME INVOLVED: _____ HOURS _____ MINUTES

NUMBER OF COPIES: _____ X .25 = _____ TOTAL CHARGE

DATE: _____ DEPUTY CLERK: _____