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: _______________________________