PUBLIC RECORDS REQUEST FORM

The City has 10 calendar days from the date of the request for a copy of records to determine whether the request, in whole or in part, seeks copies of disclosable public records in the possession of the City, and shall promptly notify the person making the request of the determination and the reasons therefor. In unusual circumstances, the time limit may be extended by written notice to the requestor setting forth the reasons for the extension and the date on which a determination is expected to be dispatched. No notice will specify a date that would result in an extension for more than 14 days. When the City dispatches the determination, and if the agency determines that the request seeks disclosable public records, the agency shall state the estimated date and time when the records will be made available.

DATE: __________________________
NAME: __________________________
ADDRESS: ________________________

TELEPHONE ________________________

TO THE CITY CLERK OF THE CITY OF FOWLER: I REQUEST THAT THE FOLLOWING RECORD BE:
□ MADE AVAILABLE TO ME FOR REVIEW AT CITY HALL DURING OFFICE HOURS
□ COPIED AND PROVIDED TO ME. I UNDERSTAND THAT I WILL BE CHARGED A COPY CHARGE OF $1.00 FOR THE FIRST PAGE AND $.50 PER PAGE THEREAFTER, FOR THE COPY OF THE RECORD REQUESTED.

DESCRIPTION OF RECORD:
____________________________________
____________________________________
____________________________________
____________________________________

____________________________________

SIGNATURE OF REQUESTER

Requester was given estimated date of ________ for record to be made available
Requester was provided the record or a copy of the record on: _________________
Requester was given notice of need for an extension on: _________________