



CITY OF CEDAR HILLS GRAMA REQUEST FOR RECORDS

NAME: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

DAYTIME PHONE: _____ E-MAIL: _____

DESCRIPTION OF RECORD SOUGHT: _____

_____ I would like to inspect the records.

_____ I would like to receive copies of the record. I understand that I will be responsible for the costs to provide the records. I authorize the cost up to \$ _____. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the City will not respond to a request for copies for which I have not authorized adequate costs.

_____ I am the subject of the record.

_____ I am the person who provided the information.

_____ I am authorized to have access by the subject of the record or by the person who submitted the information. (Provide authorization.)

NOTE: Copies of the information being requested will be provided as soon as reasonably possible, but no later than ten (10) business days after receiving this written request.

NOTE: The request may be delayed if all the information is not provided.

Signature

CITY USE ONLY

Date Requested: _____ Date Due: _____ Date Completed: _____

Fees Due: \$ _____ Hours _____ Copies: _____ Postage: _____ Supplies: _____

Copies: \$.25 per 8.5 x 11 page; \$.50 per 11 x 17 page \$15 per hour: compiling, formatting, summarizing

Information Provided: _____
