

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Requested Information: Please be as detailed as possible; include names, dates, subjects, meeting dates, resolution and ordinance numbers, project names, etc;

Is this request for: Inspection of public records Copying of Public Records

Signature

City Staff Signature

For copy of the Public Records Request Policy and the fees associated with requests is available on our website: www.garnavilloia.com.

For Staff Use Only
Date Received: _____

By: _____