

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS



Use of all, part or none of this form is optional and has no bearing on the response you will receive. Requests of an anonymous nature will also be honored. This form is merely offered for convenience only. Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22.

Requestor's Name: _____

Address: _____

City /State/Zip: _____

Phone Number: _____

E-mail Address: _____

Description of Record or Information Requested

(be as specific as possible):

Please tell us if you would like the record copied and sent to you by mail, whether you will pick it up or whether you would simply like to examine it. There may be a charge for copies, you will be notified of charges and required to approve.

****You may expect a response to a request for non-confidential public information within ten (10) business days.**

Office Use Only

Date Received: _____ Received by: _____

Response Date: _____ Records Available: Yes / No

Copies Made? Yes / No Date Records were mailed or picked up: _____

If request denied, provide reason:

