

Public Records Request

Please complete this form and remit to the City Clerk.

Name of Person / Entity Red	questing Public Records:			
Mailing address:				
		City	State	Zip Code
Phone Number:		Email Address:		
	Please sele	ct one of the following:		
☐ Inspect Records	Receive an electro	ronic copy of records (if avaliable)	Receive a physical	l copy of records
		of:		
Description with reasonable spe	ecificity:			
I am aware that The City of Moriart	ty charges \$.25 per copy, should the cost	t of this records request exceed \$; please contact me to dis	cuss my request.
Signature of Person Making	g Request:		Date:	
fifteen days after receiving written i available for inspection or when the the City Clerk. Documents 11" x 1	rpublic records, the inspection shall be per request. If the inspection is not permitted e public body will respond to the request. 17" or smaller may be obtained for twenty- oning, comphrensive zoning ordinances ar	ed within three business days, the custodi The three-day period shall not begin unti y-five cents (\$.25) per page; all general on	dian shall explain in writing when til the written request is delivere	n the records will be ed to the office of
	For	Office Use Only		
Date Received:		Date Delivered:		
Method of Request:		Method of Delivery	у.	
Request Received By:		Request Received	J By:	
Number of Pages:	Cost:	Receipt Number:		
Comments:		· 		
Approved	Denied			