

CITY OF WEST BUECHEL PUBLIC RECORDS REQUEST

Requestor's Information:

Name:	_____		
Address:	_____		
Phone:	_____	Cell:	_____
Email:	_____		
City/State/Zip:	_____		

Records Requested:

Title of Record:	_____
Date of Record:	_____
Description of Record (<i>Please be as specific as possible; a very broad request can delay our ability to respond since it is usually necessary to request more information</i>)	_____

I understand that I will be required to pay a fee for duplication at the rate of ten cents (\$0.10) per photocopy. Fees for other types of duplication will be given at the time of the request

CERTIFICATE OF NON-LITIGATION AFFILIATION

I, _____, hereby certify that I am not, nor is any party I represent, involved in litigation, in a judicial or administrative forum, with the City of West Buechel or a public agency to which the requested record is relevant.

Requestor's Signature

Date