

**CITY OF DECATUR
PUBLIC RECORDS INFORMATION REQUEST**

REQUESTOR'S NAME _____ DATE: _____

MAILING ADDRESS: _____ PHONE: _____

INFORMATION IS TO BE: PICKED UP: _____ MAILED: _____

SPECIFIC INFORMATION REQUESTED: _____

REASON INFORMATION REQUESTED: _____

DEADLINE INFORMATION IS NEEDED (IF ANY) _____

NOTE: There will be a charge for copies of \$0.50 per page. If research or compilation is required, the hourly rate will be the salary of the lowest-paid staff member with the access and experience necessary to assemble the information.

Signature of person requesting information

REQUEST RECEIVED BY: _____ DATE: _____

DEPARTMENT REQUEST ROUTED TO: _____

DATE INFORMATION DELIVERED: _____

BY _____ DEPARTMENT _____