

CITY OF HOLLADAY RECORDS REQUEST FORM

Requestor's Name: _____ Date of Request: _____

Address: _____ City: _____ State: _____

Zip: _____ Daytime Phone Number Where You Can Be Reached: _____

Description of Record Requested: _____

Department Requested From: _____

_____ I would like to view/inspect the record.

_____ I would like to receive copies of the record. I understand the City charges a fee for copies of records (\$.15 per page), and that copies will be provided subject to fees being paid. I authorize costs of up to \$ _____. If costs exceed the amount I have specified, I further understand that the office will contact me and will not respond to a request for copies if I have not authorized adequate costs. I understand the City has 10 business days to respond to this request.

Signature: _____ Date: _____

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For Office Use Only -- Response to Request

Date Request Received: _____ Time: _____

_____ Approved - Requestor notified on: _____

_____ Denied - Written denial sent on: _____

_____ Requestor notified that the office does not maintain the record; and, if known, was also notified of name and address of agency that does maintain the record on: _____

_____ Extension of time for extraordinary circumstances. Required notice sent _____

Copy Fees: \$_____ If waived, approved by _____

Cost Authorization obtained from requestor on _____

Signature: _____