



**CITY OF WAYCROSS
OPEN RECORDS REQUEST**

Date of Request: _____

Name of Requestor: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Email: _____

Date of Record(s) (if known): _____

Location of Record(Department, if known): _____

Please describe the records you are requesting and any additional information that will assist us in locating this information for you as quickly as possible. Failure to provide information sufficient to identify the records may result in denial of the request.

Agencies shall produce for inspection all records responsive to a request within a reasonable amount of time not to exceed three business days of receipt of a request.

I understand I must pay the City's actual per page cost of .10.

- I wish to have copies of the records indicated above.
- I wish to make an appointment to review the records indicated above before copies are made.

Method by which I would like to receive the information I have requested:

- Mailed to me
- Call me and I will pick up in person

Signature

Date

For City Staff use only: Date received: _____	
Approved By: _____	
Request completed by: _____	Date Completed: _____
Copies provided: Yes <input type="checkbox"/> No <input type="checkbox"/>	Fee \$ _____ Total \$ _____