

CITY OF MOUNT ZION

MOUNT ZION OPEN RECORDS ACT- REQUEST FORM

Requester's Name: _____ Telephone #: _____

E-mail address: _____ Fax #: _____

Mailing address: _____

Information Requested: _____

To be completed by City Hall

Date received: _____ Name of responding City Representative: _____

Request received by: Mail Fax E-Mail Phone Visit

Determination: Record(s) subject to disclosure Record(s) NOT subject to disclosure

Date Requester Advised of Availability/ Non-Availability of Record(s): _____

Date Record(s) made available: _____

Method: Records Prepared for Viewing Computer Records Copied to Disk Photocopies Made
 Electronic Transmission Other; Specify: _____

Number of pages _____ @ .10 per copy _____

Research time _____ @ \$ _____ / hour _____

(No charge for first 15 minutes)

Postage (Certified letter charge) _____

Total Amount Charged: _____

Additional Comments: _____

