

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

**\*Please be advised that the person signing this document is personally responsible for payment of the information requested i.e. copies and research charges. This fee is required to be paid whether or not the signer chooses to pick up the requested documentation.**

REQUEST RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT REQUEST ROUTED TO: \_\_\_\_\_

DATE INFORMATION DELIVERED: \_\_\_\_\_

BY \_\_\_\_\_ DEPARTMENT \_\_\_\_\_