



CITY OF TIPP CITY PUBLIC RECORDS REQUEST FORM

*This form is not required to submit a request,
but helps the City with tracking and responding.*

DEPARTMENT: _____

Name: _____ Date: _____

Telephone: _____ Fax: _____

E-mail: _____

Address: _____

City: _____ State: _____ Zip: _____

IDENTIFICATION/DESCRIPTION OF RECORD(S) SOUGHT:

Please be as specific as possible. We will be able to process your request faster if you clearly identify the records you are requesting to review.

For Internal Use Only

Request Received	Request Completed (Notification Given of Record Availability)	Request Pick-up/Mailed/Faxed
Date: Staff Initials:	Date: Staff Initials:	Date: Staff Initials:
Request Received By:	Number of Copies/Cost	Completion
<input type="checkbox"/> Walk-In <input type="checkbox"/> Mail <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> E-mail <input type="checkbox"/> Other: _____	Number of Pages: _____ Total Cost: _____ Payment received: <input type="checkbox"/> Cash <input type="checkbox"/> Check Number _____	<input type="checkbox"/> Pick-up <input type="checkbox"/> Faxed <input type="checkbox"/> Mailed <input type="checkbox"/> Denied <input type="checkbox"/> Other: _____
Comments:		