



## 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.

  

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### ***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: _____
<b>Comments:</b> _____ _____ _____		