

# PANGUITCH CITY RECORDS REQUEST FORM

**Requester Information:**

Please Print	Status:
Name: _____	<input type="checkbox"/> Not applicable because the record is public.
Address: _____ _____	<input type="checkbox"/> I am the subject of the record.
Phone: _____	<input type="checkbox"/> I am the parent or legal guardian of a minor who is the subject of the record.
Date: _____	<input type="checkbox"/> I am the provider of the information.
I understand that I may be responsible for the actual costs associated with providing this information.	<input type="checkbox"/> I have a power of attorney or notarized release from the subject of the record or provider of the information.
Signature: _____	<input type="checkbox"/> I have a legislative subpoena or court order.

Description of Record(s) Requested (Must be described specifically)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Record Request Forms are Public Documents

## FOR OFFICE USE ONLY:

Date Received: \_\_\_\_\_

Time Received: \_\_\_\_\_

Classification of Record Requested:
<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Protected <input type="checkbox"/> Controlled

City Response to Record Request:
<input type="checkbox"/> Released on: _____ (Date) <input type="checkbox"/> Denied (See attached) <input type="checkbox"/> Request for Extraordinary Circumstances (See attached)

Fee Charged: \_\_\_\_\_

\_\_\_\_\_  
Signature of Record Provider