

REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Use of all, part or none of this form is optional and has no bearing on the response you will receive. Requests of an anonymous nature will also be honored. This form is merely offered for convenience only. Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22.

Requestor's Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

E-mail Address: _____

Description of the Public Record or Information Requested (be as specific as possible):

Please state if you would like the record copied and sent to you by mail, whether you will personally pick it up or whether you would simply like to inspect/examine it.

Signature of Requestor

Date of Request

You may expect a response to a request for non-confidential public information within 20 calendar days or 10 business days.

- IOWA -

OFFICE USE ONLY:

Date received: _____

Response Date: Records available? Yes / No

Copies made: Yes / No How many? _____ Fees Charged: _____

If request denied, provide reason:

