

City of Westover

REQUEST TO VIEW And/or Acquire Copies of PUBLIC RECORDS

DATE _____

NAME _____
(PRINT) (SIGNATURE)

ADDRESS _____

CITY, STATE & ZIP CODE _____

PHONE NUMBER _____

RECORDS REQUESTED (be as specific as possible): _____

REASON FOR REQUEST: _____

Search and Clerical Fee \$ 25.00

TIME OUT _____ TIME IN _____

# Copies Requested	Price for Each Page	Total Amount	Receipt Number	Cashier Initials
	\$ 0.25	\$		

*All requests will be available on Wednesday, the week following submittal of request form.
Information will be available at the City Clerk's Office.*

Approved by: _____
(City Clerk's Initials)
6/15/2012