



FREEDOM OF INFORMATION ACT

PUBLIC RECORDS REQUEST

Applicant:

Name: _____ Phone No: _____

Address: _____

Email: _____ Fax No: _____

Nature of Request:

Nature of request and description of public records sought (Be specific.)

Method of retrieval:

Please select how you would like to receive your request.

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Electronic Copy via Email | <input type="checkbox"/> Copy via Fax |
| <input type="checkbox"/> Copy via Mail | <input type="checkbox"/> Will Pick Up |

Please read the following before signing:

I acknowledge that the City of Mason has five business days to respond, six business days if request is received by fax, email, or other electronic transmission.

Signature: _____ Date: _____

For Office Use Only:

Received By: _____ Date: _____

Request Granted By: _____ Date: _____

Provided By: _____ Date Provided: _____

Revised 5.29.18 (Clerk)