



# 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.)

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### Method of retrieval:

Please select how you would like to receive your request.

Electronic Copy via Email

Copy via Fax

Copy via Mail

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)