

TOWN OF SAGUACHE

REQUEST FOR INSPECTION/COPYING OF RECORDS

Date of request: _____ Time of Request: _____

Applicant's name: _____

Address: _____

Daytime Phone: _____

Description of document: _____

Purpose of Request:

_____ Court Case _____ Personal Information _____ Other (please specify) _____

_____ Municipal _____

_____ County _____

Certified Copy? _____ Yes _____ No

FOR TOWN CLERK USE ONLY

Responsible Department: _____

Availability: _____ Paper Copy _____ Electronic Format

Location: _____ In Storage _____ Readily Available (on-site)

Cost Estimate: # of pages @ \$0.25 = _____

of hours @ hourly rate = _____

(Note: 1 hour minimum)

Certified Copy (if applicable) = _____

Total Cost Estimate: _____

Having received the foregoing cost estimate I choose to confirm my request for the records described and agree to pay the charges at the time the records are made available.

_____ yes _____ no – Cancel Request

Date: _____ Signature: _____

Documents received:

Date: _____ Signature: _____

Created: Monday, September 23, 2002

Revised: October 26, 2009

Revised: April 27, 2010