

REQUEST FOR PUBLIC RECORDS

TO: CITY OF CLARK FORK

Date of Request: _____

I request to examine ()
copy () the following records:

Name: _____

Address: _____

Daytime Phone Number: _____

* * * * *

Date Request Received: _____

Request Received By: _____

() More than three (3) working days are needed to locate or retrieve the requested records. A response shall be provided within ten (10) working days of request.

Signed by: _____

Payment received for _____ copies.

Amount Received: _____

Receipt Number: _____