

**REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS**

Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22.

**Requestor's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City /State/Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Description of Record or Information Requested: (be as specific as possible):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us if you would like the record copied and sent to you by mail, whether you will pick it up or whether you would simply like to examine it. \_\_\_\_\_

**Signature of Requestor:** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_

**You may expect a response to a request for non-confidential public information within ten (10) business days.**

\*\*\*\*\*

Office Use Only:

Date Received: \_\_\_\_\_ Response Date: \_\_\_\_\_

Records Available? Yes / No                      Copies Made? Yes / No

How Many? \_\_\_\_\_ Fees Charged: \$ \_\_\_\_\_

If request denied, provide reason:  
\_\_\_\_\_