



## REQUEST TO EXAMINE AND/OR COPY PUBLIC RECORDS

Visit us online at: [www.polkcitvia.gov](http://www.polkcitvia.gov)

Use of all, part or none of this form is optional and has no bearing on the response you will receive. Requests of an anonymous nature will also be honored. This form is merely offered for convenience only. Please note that this form is not confidential and may itself be subject to public disclosure pursuant to Iowa Code Chapter 22

**FEES:(ONE REQUEST PER FORM) PRINT COPY= \$10.00 DVD-CD -\$25.00**

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

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

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

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

Email: \_\_\_\_\_

Description of Record requested – please be as specific as possible:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

Signature of Requestor

Date

**You may expect a response to a request, for non-confidential public information within 10 business days**

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### Office Use Only

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

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

Records Available? YES NO

Copies Made? YES NO How many? \_\_\_\_\_

FEE(S) RECEIVED \$ \_\_\_\_\_

IF REQUEST DENIED- PROVIDE REASON: \_\_\_\_\_