



City of Nevada City

REQUEST FOR RECORDS

Name of Requestor: _____ Date: _____

Address: _____ Telephone #: _____

_____ Fax #: _____

Mailing Address: _____
(If different than above)

Records Requested: (Be Specific) _____

_____ I would like to inspect the records

_____ I would like to receive a copy of the records. I understand that I will be responsible for copy costs. *

_____ Fax the records to the number listed above

*Copy charges: \$0.25 per page, \$15.00 per CD/DVD

Signature

City Use: _____ Date Received: _____

Name or Initials of Employee Processing request Date Processed: _____

Appointment Date(s) _____ Time(s): _____ to _____

Comments: _____

