

CITY OF BEVIL OAKS
DOCUMENT REQUEST FORM

DATE _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

REQUEST _____

SIGNATURE _____

**WE WILL HAVE YOUR REQUEST AS SOON AS POSSIBLE, BUT SOME DOCUMENTS MAY TAKE TIME TO LOCATE. YOUR REQUEST WILL BE TAKEN CARE OF WITHIN TEN (10) WORKING DAYS.
COPIES ARE \$.10 PER PAGE. PAYMENT DUE AT TIME OF RECEIPT.**