CITY OF CHARLOTTE

PUBLIC RECORDS REQUEST FORM

Please mark one:

Date: _____ Copies _____ Viewing originals_____

Person requesting records: Name:_____

Address:_____

City, State, Zipcode:_____

Daytime Phone:_____

Please be specific listing the documents you are requesting, include dates and departments. Failure to be specific may delay in your request being filled:

Example: Minutes of all regular and special Council meetings from January 1, 2016 to June 30, 2016

_____
_____
_____
_____
_____
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_____
_____
_____
_____

I agree to pay 15 cents per copied page and 10.00 each for minute tapes.

_____ Date:_____

Signature

For office use only:

Original Records viewed _____ Copies Made:_____ (attach a set of copies to this request)
Signature of City Official filling request:_____