



CITY OF NIXON

PUBLIC INFORMATION REQUEST FORM

{PLEASE ALLOW TEN {10} BUSINESS DAYS TO PROCESS UNLESS OTHERWISE NOTIFIED}



DATE: _____

NAME OF REQUESTOR: _____

MAILING ADDRESS: _____

CITY, STATE, AND ZIP: _____

DOCUMENTS REQUESTED: _____

TYPE OF REQUEST: DOCUMENT REVIEW (IN OFFICE) COPY OF DOCUMENT
(PLEASE CHECK ONE)

NUMBER OF COPIES
(.50 Per Copy)

GENERAL INFORMATION:

1. PUBLIC INFORMATION IS AVAILABLE DURING NORMAL BUSINESS HOURS OF THE CITY, 8:00 A.M. TO 5:00 P.M.
2. THE CITY MANAGER IS THE CUSTODIAN OF PUBLIC RECORDS. ALL REQUESTS MUST BE APPROVED BY HIM/HER OR HIS/HER DESIGNATED REPRESENTATIVE.
3. IF THE INFORMATION IS IN USE OR STORAGE, THE CUSTODIAN OR REPRESENTATIVE SHALL CERTIFY THIS FACT AND SET A DAY AND HOUR WITHIN REASON WHEN THE RECORD WILL BE AVAILABLE. NO ORIGINAL COPIES WILL LEAVE THE CITY OFFICE WITHOUT PERMISSION.
4. IDENTIFICATION IS REQUIRED.
5. THE DESIGNATED AREA FOR REVIEW OF INFORMATION IS THE CITY OFFICE.
6. IF A QUESTION ARISES AS TO WHETHER THE REQUESTED INFORMATION IS OR IS NOT PUBLIC INFORMATION, THE CITY WILL SUBMIT A REQUEST FOR DETERMINATION TO THE ATTORNEY GENERAL WITHIN 10 DAYS AFTER RECEIVING THE REQUEST.

SIGNATURE OF REQUESTOR: _____

FOR OFFICE USE ONLY

THIS REQUEST HAS BEEN APPROVED _____ DENIED

IF APPROVED, THE DATE AND TIME AVAILABLE: _____

SIGNATURE OF CITY PERSONNEL: _____

DATE: _____