

CITY OF HUDSON
PUBLIC RECORDS REQUEST FORM

(THIS FORM IS OPTIONAL AND YOU NEED NOT FILL-IT OUT UNLESS YOU ARE REQUESTING COPIES OF PUBLIC RECORDS TO BE SENT TO YOU. THE CITY'S METHOD OF DELIVERY SHALL BE AT THE CITY'S OPTION.)

Name: _____
(please print)

Address: _____
(please print)

Telephone No.: _____

Facsimile No.: _____
(Required if requester desires copies to be faxed.)

E-mail Address: _____
(Required if City e-mails copies.)

Please list records you are requesting with as much specificity as possible and whether you are requesting copies to be made of the records.

Records Requested	Copies (yes/no) (format)
1.	
2.	
3.	
4.	
5.	

If copies are requested, method of payment (check one):
_____ Cash
_____ Check _____ Money Order

Signature: _____
(Date of Request)

- Notes:
1. City staff will endeavor to contact you within one (1) business day as to the availability of the records requested, to clarify your request (if necessary), to arrange a time and place to review the records, and/or to advise you when any copies you have requested may be available and the approximate cost of such copies. Such costs must be paid for in advance.
 2. Cost of copies will be as follows: For standard size paper (11"x17" or less), there will be no charge for the first ten pages. Copies requests in excess of ten pages will be charged at a cost of 10¢ per standard size page, unless the record must be sent to a private copy service for duplication, in which case the actual costs of such special copies will be charged to you.

Date filled: _____ Pages: _____ Fee: _____

By: _____

2 copies: receipt, remittance

(Eff. 9/07)