



# PUBLIC RECORDS INSPECTION REQUEST

## 1) REQUEST:

Is the information requested to be used for commercial purpose?

\_\_\_\_\_ YES \_\_\_\_\_ NO

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

REQUESTS TO INSPECT THE FOLLOWING PUBLIC RECORDS (be specific):

\_\_\_\_\_  
\_\_\_\_\_

Request for copies: \_\_\_\_\_ Yes. Please send an electronic copy of the requested records at no charge.  
\_\_\_\_\_ Yes. I agree in advance to pay for hard copies of the requested records.  
\_\_\_\_\_ No.

SIGNATURE OF PERSON MAKING REQUEST: \_\_\_\_\_

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## 2) RECEIPT OF REQUEST:

This request received by the City-County Planning Commission on \_\_\_\_\_ (DATE)

At \_\_\_\_\_ a.m./p.m. (time).

\_\_\_\_\_  
Signature of person receiving request

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## 3) RESPONSE TO REQUEST: (this section to be completed by person responding to request)

( ) The public records requested are available for inspection in the Office of the City-County Planning Commission and may be viewed or copies received on \_\_\_\_\_ (DATE)  
at \_\_\_\_\_ a.m./p.m.

( ) The public records requested are not available at this time OR \_\_\_\_\_ inspection is denied for the following reason(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature of approving official

Date and time.