

CITY OF SWEET HOME REQUEST FOR PUBLIC RECORD

Today's Date:	Requestor Name:	
Contact Phone Number:		Requestor Agency (if applicable):
Email Address:		
Requestor Address, City, State & Zip	o Code:	
Deguarday Cignotura		
Requestor Signature: SPECIFIC PUBLIC RECORD/INFO	RMATION REQUEST:	(For Police Incidents see next section)
	50U507 50D 00DU5	
		S: Incident Reports can be requested and estion regarding incidents, copies, etc., can be
Check one: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□Thoft/Rurglary □Ot	her:
	- ,	
Incident Number:	_ Incident Location:	Officer:
Person(s) Involved: (only use insure	d person's name if the	insured person was involved as the
driver/victim):	а ролост о полно п ило	
FORMAT REQUESTED: Photocopy Electronic Audio CD Video Other (specify)		
How would you like to receive the re	quest? Mail (see fee	schedule) □ Will pick-up
FEE CHARGES: See attached Fe	e Schedule for Public	Information & Records charges. There shall
be no charge for the first half hour	of staff time to respond	d to a document request. The cost estimate for
	. •	ir wage rate multiplied by the time estimated to
•		e added as compensation for the actual City to will be provided to the requestor prior to the
		may be required prior to processing.
A request for Public Records informa	ation can take up to 1 v	veek to process, however we strive to expedite
•		olice Incident Reports or other police document
· · · · · · · · · · · · · · · · · · ·		le for pickup from the <u>City Manager's Office at</u>
		by be mailed to you for an additional fee. All
destroyed, and another request will	•	at the information is ready, otherwise it will be
		you provide is complete and accurate. We
appreciate your cooperation and assistance in making this process efficient.		

Questions regarding Public Records can be directed to the City Manager's Office at 541-367-8969.