CITY OF IRONDALE
REQUEST FOR ACCESS TO PUBLIC RECORDS

1. REQUEST TO REVIEW AND/OR COPY THE FOLLOWING PUBLIC RECORDS OF THE CITY OF IRONDALE

_____

_____

_____

_____

2. THE REASON(S) I DESIRE TO REVIEW THESE RECORDS IS:

_____

_____

_____

_____

PRINT NAME: _____
SIGNED: _____
DATE: _____/_____/_____ PHONE #:_____

Copies of City Records - $.25 per copy
Research Fee - $20.00 an hour ($5.00 for every 15 minutes or fraction thereof)
Deposit will be required for any request that may involve numerous copies or significant research time.

THIS SPACE FOR OFFICIAL USE:
_____ REQUEST APPROVED
_____ REQUEST DENIED
_____ DEPOSIT REQUIRED

REASON DENIED _____

DATE: _____/_____/_____ _____
CITY CLERK