

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: _____

Signature: _____

Phone Number: _____ Email: _____

Date: _____

Copies of City Records: \$.25
Research Fee: \$20.00 an hour (\$5.00 for every 15 minutes or fraction thereof)

Deposit will be required for any requests that may involve numerous copies or significant research time.

THIS SPACE FOR OFFICIAL USE:

_____ REQUEST REC'D _____ REQUEST ACKNOWLEDGED _____ REQUEST APPROVED
_____ REQUEST DENIED _____ TIME INTENSIVE _____ DEPOSIT REQUIRED _____ COMPLETED

REASON DENIED: _____

CITY CLERK

DATE