

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: _____ **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 request that may involve numerous copies or significant research time.

THIS SPACE FOR OFFICAL USE:

____ **REQUEST APPROVED** ____ **REQUEST DENIED** ____ **DEPOSIT REQUIRED**

REASON DENIED _____

CITY CLERK

DATE