

MORGAN CITY GRAMA REQUEST FOR RECORDS

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
DAYTIME PHONE: _____
EMAIL: _____

DESCRIPTION OF RECORD REQUESTED:

_____ I would like to inspect the records.

_____ I would like to receive copies of the record. I understand that I will be responsible for the costs to provide the records. I further understand that I will be contacted if the estimated costs are greater than the amount I have specified, and that the City will not respond to a request for copies for which I have not authorized adequate costs. (Copies: \$.25 per 8.5 x 11 page; \$.60 per 11 x 17 page. Rate for compiling, formatting, summarizing, etc., is based on the hourly rate of the person who can fill the request.) I authorize the cost up to \$_____.

_____ I am the subject of the record.

_____ I am the person who provided the information.

_____ I am authorized to have access by the subject of the record or by the person who submitted the information. (Provide authorization.)

NOTE: Copies of the information being requested will be provided as soon as reasonably possible, but no later than ten (10) business days after receiving this written request. The request may be delayed if all the information is not provided.

Signature of Applicant

Date

CITY USE ONLY

Date Received: _____ Date Due: _____ Date Completed: _____

Fees Paid: \$ _____ Hours: _____ Copies: _____ Postage: _____ Supplies: _____

Information Provided:

Preparer's Initials: _____