<u>CITY OF RAINBOW CITY</u>

PUBLIC RECORDS REQUEST FORM

DATE:_	DATE:TIMI		ERECEIVED BY: (Initials)				
Information Requested:				(INIT.	(ais)		
		FOLLOWING <u>N</u>					
Name (Please Print)		Pho	one				
Address		City	//Zip				
ignature			Organization				
Date copies received or r Copies of "public records involve no research or ex	" which are	e maintained in	the normal c	ourse of mu		d which	
		.50 per 8.5 x 11 page .75 per 8.5 x					
		•	•		tional \$2.00 per pa	ge.	
	-				priginal shall be:		
	-		•		\$1.00 for 11x17	.50	
		•	ords shall be charged out at: .50 .75 per page for 8.5 x 14			.50	
	-			-	ents are set by the	e	
	-	able departme		U	•		
	Police	& Fire reports	shall be charg	ged as follow	s:		
	0	 Mail Out Reports Faxes 		\$5.00)		
	0						
	0			\$6.00			
	0						
	_	unless a self-addressed envelope is provided.					
	0	 For reports that are older than the current mont search fee will be charged. 					

Ref. Resolution 19-01