

CITY OF SIDNEY PUBLIC RECORD REQUEST

Please submit this form to the City Clerk via mail, facsimile, email, or in person at
Sidney City Hall, 604 Clay St. PO Box 335, Sidney, IA 51652; Fax: 712-374-2821, rodeotown@iowatelecom.net

FOR CITY USE ONLY:		
Received By: _____	Date Received: _____	
Amount Due: _____	Date Closed: _____	Completed By: _____

Name of Requestor: _____ Daytime Telephone: _____

Name of Company (if applicable): _____

Address: _____

Street or P.O. Box No.

Apt. No.

City

State

Zip Code

Describe the records you are requesting in detail. Failure to adequately describe the records may result in a delay.

Please continue on back or add additional sheets if necessary.

Please check the appropriate box:

I would like to inspect the records. The examination and copying of public records shall be done under the supervision of the City Clerk. (The City Clerk will call to set up an appointment.)

I would like electronic copies of the records emailed to me at: _____.

I would like copies of the records and will pick them up when they are available.

I would like copies of the records sent to me by mail to the address listed above. I understand that if there are any reproduction and postage fees associated with the records I am requesting, the City must receive payment for the copies I have requested before sending them to me.

The receipt of your copy of this form constitutes the City's initial response to your request for records. The City estimates that it will take approximately _____ days/weeks to respond to your request. If the preceding space is blank, the City estimates that it will take two (2) weeks to respond to your request, unless it becomes necessary for you to clarify your request. The estimated time required to respond to your request may be based upon the need to locate and assemble the records, to notify third persons or agencies affected by the request, to determine whether any of the information is exempt from disclosure, to redact documents containing material that is exempt from disclosure, or to obtain clarification of the request. If the City is unable to determine which records you are requesting, the City will, in writing, ask that you clarify your request. **Please be advised that your failure to respond to the City's written request for clarification, within fourteen (14) calendar days from the date of the City's written request, shall relieve the City of its duty to respond to this request.**

Please Note: All expenses of the examination and copying shall be paid by the person desiring to examine or copy. Iowa Code sec. 22.3. Expenses and fees may include time spent retrieving, copying and supervising the records.

Signature of Requestor

Date