



## City of Gilmer Public Information Request Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Company/Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email address: \_\_\_\_\_ Daytime telephone number: \_\_\_\_\_

Information requested (In order for us to complete your request, it should be as specific as possible):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please indicate if you would like to:

View the information requested

Receive copies of the information

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Request received by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Not approved by City Secretary \_\_\_\_\_ Date: \_\_\_\_\_

Total amount due to City for copies, etc.: \_\_\_\_\_ (.10 ¢ per page; \$2.00 per disc)

Sent to City Attorney for opinion: \_\_\_\_\_ Date \_\_\_\_\_

Sent to Attorney General for opinion: \_\_\_\_\_ Date \_\_\_\_\_

Final disposition:  Request completed: Date \_\_\_\_\_

Picked up in person

Faxed

Mailed