

CITY OF JASPER
REQUEST FOR ACCESS TO PUBLIC RECORDS

FAX: 812-482-5047
or return to: Jasper City Hall

(Please Print)

Name of person requesting access: _____ Phone: _____

Organization person represents: _____ Fax: _____

Address: _____

Date/time of request: Date: _____ Time: _____

Specific description of records being requested: _____

This request is a: _____ one time request _____ recurring request

This is for: _____ permission to inspect records as described above
_____ a copy of records as described above

I understand a fee may be charged for copying or faxing records.

("Ordinance 1999-61, Chapter 1.94 - "Fees - The City of Jasper shall charge ten cents (\$.10) per photocopy and One Dollar and Thirty-Three cents (\$1.33) per facsimile transmission." City will waive the fee if total amount is less than \$1.00)

_____ (Signature of person requesting records)

FOR CITY USE ONLY - DO NOT WRITE BELOW THIS LINE

Request Receipt Information

Request received: date: _____ time: _____ Individual receiving request: _____

Disposition of Request

Request: _____ granted _____ denied Reason(s) for denial: _____

Individual making decision on request: _____ Disposition date _____ time: _____

Number of copies: _____ Photocopy _____ Fax @ \$ _____ each \$ _____

Fee received by: _____