## **REQUEST FOR REVIEW OF PUBLIC RECORDS**

the City of M Name:					
	(First)	(Last	)		
Address:					
	(Street)				
	(City)	(Stat	e)	(Zip)	
Phone:					
(Circle	e) Home / Cell				
Government	Records Requesting:				
		(Specify)			
Signature:			Date:		
		For Office Use Onl	v—		
		Tor office ose offi	y		
Designation (	Of Requested Data: [	] Public [ ] Private	[ ] Non-Public		
	]	] Confidential	[ ] Protected Non-	Public	
Approved:			Date:		
Titlo					
	the City Clark / Treasu	urar is necessary for any da	ta determined not to be	e public	