

CITY OF ALEDO
REQUEST FOR DISCLOSURE OF PUBLIC RECORDS
PLEASE PRINT ALL INFORMATION

Every effort is made to expedite all requests for disclosure of public records; however, due to personnel demands and schedules there are incidents when the disclosure of records may take the time allowed by law, which is ten (10) working days.

NAME: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRINT/TYPE NAME/DESCRIPTION REQUESTED RECORD: (Be as specific as possible)

Date of Request

Signature of Applicant

(DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY)

NECESSARY FOR REVIEW BY CITY ATTORNEY: _____ YES _____ NO

DATE SUBMITTED TO CITY ATTORNEY: _____

DATE RETURNED FROM ATTORNEY GENERAL: _____

APPROVED FOR DISCLOSURE BY CITY ATTORNEY: _____ YES _____ NO

DATE APPROVED: _____ (approval letter attached)

NAME: _____

DEPARTMENT: _____

DATE APPROVED: _____ DATE DISCLOSED: _____