

CITY OF ALBERTVILLE  
REQUEST FOR INFORMATION

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I hereby request to obtain a copy of the following public records:

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

REASON FOR REQUEST:

- Individual seeking information for personal use and not for a commercial purpose
- Affiliated with private commercial entity seeking information for use in business
- Representative of public interest organization seeking information as part of news gathering but not for a commercial purpose
- Affiliated with education or non-commercial scientific institution purpose and not for a commercial purpose
- News media representative from \_\_\_\_\_
- Other \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

- 
- Request approved  
 Request denied – Reason \_\_\_\_\_

Information to be  picked up ( ) Mailed (additional cost may be assessed)  
If research is required, there will be an additional charge.

Estimated cost: \_\_\_\_\_ copies @ \$1.00 per page. \_\_\_\_\_ research hours @ \$10.00 per hour  
Total Amount: \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_

Request completed by \_\_\_\_\_ Date: \_\_\_\_\_  
Final cost: \_\_\_\_\_ copies @ 1.00 per page. \_\_\_\_\_ research hours @ \$10.00 per hour

Total Amount \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Date: \_\_\_\_\_