

**CITY OF WHITEWATER
RECORDS REQUEST**

Date of Request _____ Requested By (optional) _____

Requestor's Address _____

Email _____ Telephone _____

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Records Requested: (Please be specific) _____

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How do you wish to receive the documents pertaining to your request?

☐ View in person at City Hall ☐ Mailed to the address above ☐ Held for pick-up

NOTE: Costs or pre-payment for copies, postage, or labor may be associated with providing this information.

Signature (optional): _____

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For Office Use Only – This Open Records Request form is to be given to City Clerk immediately upon receipt.
City Clerk will make arrangements with appropriate Departments for records searches.

TO BE COMPLETED BY CITY CLERK

Date Request Received _____

Signature of City Clerk

Date Request Completed _____

Date Records Picked Up/Mailed _____

Total Fee Paid \$ _____