



Data Request Form

REQUESTER COMPLETE Items 1-7

1. DATE OF REQUEST	
2. REQUESTER NAME (<i>Last, First, Middle</i>)	REQUESTER NOTES: A. Identification is not required for public data; Contact information is required for us to be able to provide the requested data. B. Identification is required for release of private or nonpublic data. C. <u>You must have the complete name and date of birth if you are requesting a background check on an individual.</u> D. Disclosure of information depends on the data requested and the status of any related case or investigation. E. The City may require pre-payment or may provide a phased response depending on the request.
3. ADDRESS	
4. PHONE Home # _____ Cell # _____	
5. EMAIL (if applicable)	
6. DESCRIPTION OF DATA REQUESTED	<input type="checkbox"/> Inspection <input type="checkbox"/> Copies <input type="checkbox"/> Both inspection and copies
7. SIGNATURE	

To Be filled out by the City:

REQUEST TYPE: <input type="checkbox"/> In-person <input type="checkbox"/> Mail <input type="checkbox"/> Phone	REQUESTED BY: <input type="checkbox"/> Subject of data <input type="checkbox"/> Not Subject of data
DATA REQUESTED IS CLASSIFIED: <input type="checkbox"/> Public <input type="checkbox"/> Private/Nonpublic <input type="checkbox"/> Confidential/Protected Nonpublic	
RESPONSE (provide notes for checked boxes) <input type="checkbox"/> Clarification Requested: _____ <input type="checkbox"/> Pre-payment: _____ <input type="checkbox"/> Estimated Cost: _____ <input type="checkbox"/> Phased Response: _____	
REQUEST <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Approved in Part (<i>explain in REMARKS</i>)	REQUEST HANDLED BY: _____
REMARKS: <input type="checkbox"/> Not Public Data Has Been Removed. <input type="checkbox"/> Mailed _____ <input type="checkbox"/> Faxed _____ <input type="checkbox"/> In Person _____	ADDITIONAL REMARKS: _____ _____
PAYMENT DUE: _____ PAYMENT RECEIVED: _____	