

City of Pacific
300 Hoven Drive
Pacific, Mo. 63069

REQUEST FOR INSPECTION OF PUBLIC RECORDS

Response and / or fulfillment by the City of Pacific of this request will occur within seventy-two (72) hours from the time requested.

Date of Request: _____ Time of Day Requested: _____

Records(s) Being Requested: _____

For Inspection Only: Yes _____ No _____

Copy of Record Requested: Yes _____ No _____ If Yes, Number of Copies Requested: _____

Requested By: _____ Telephone No. () _____

Address City State Zip Code

Signature

***** **FOR OFFICE USE ONLY** *****

Date Request Received: _____ Person Accepting Request: _____

Request Received: By Mail _____ by Telephone _____ Walk-In _____

Fees: No Charge _____ Cost to Provide Copy \$ _____

Date Record Provided: _____

Place, Time and Date Record Available for Inspections: _____

Explanation for Cause for Delay, in Applicable: _____

If Request is to be Denied, Request Forwarded to City Clerk for Denial: _____

Date Request Received for Written Statement of Grounds for Denial: _____

Date Written Statement by City Clerk Explaining Denial Provided: _____