

City of Enterprise

REQUEST TO VIEW

And/or Acquire Copies of PUBLIC RECORDS OR RECEIVE NOTICE OF PUBLIC MEETINGS

NAME _____
(PRINT)

ADDRESS _____

CITY, STATE & ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

E-MAIL _____

RECORDS/INFORMATION REQUESTED (be as specific as possible): _____

REASON FOR REQUEST: _____

SIGNATURE: _____ DATE: _____

# Copies/Faxes Requested Total Research Time	Rate	Total Amount	Receipt Number	Cashier Initials
	\$	\$		
	\$	\$		
	\$	\$		

Cost of Research/Copies

*Research \$10.00 per hour

*Audits .50cent per page

*Copies .50 cents per page

*Data Records .25 per record

Approved by: _____
(City Clerk's Initials)